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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **AUG 1, 2009** and ending **JUL 31, 2010****B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**GREATER ATLANTA USBC ASSOCIATION**

Number and street (or P.O. box, if mail is not delivered to street address)

10892 CRABAPPLE ROAD

City or town, state or country, and ZIP + 4

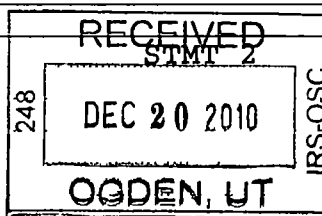
ROSWELL, GA 30075**D** Employer identification number**20-4124193****E** Telephone number**770.993.6818****F** Group Exemption Number

▶

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

Website: ▶ **N/A**Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 185,084.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,066.
	2	Program service revenue including government fees and contracts	2	118,720.
	3	Membership dues and assessments	3	61,483.
	4	Investment income	4	464.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ MISCELLANEOUS)	8	351.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	185,084.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	10,910.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24,000.
	13	Professional fees and other payments to independent contractors	13	2,750.
	14	Occupancy, rent, utilities, and maintenance	14	5,510.
	15	Printing, publications, postage, and shipping	15	4,712.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	131,936.
	17	Total expenses. Add lines 10 through 16	17	179,818.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,266.
	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	82,792.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	88,058.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,792.	88,058.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	82,792.	88,058.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,792.	88,058.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ GA		
42a The organization's books are in care of ▶ JOE SPAIN JR. Telephone no. ▶ 770 993-6818		
Located at ▶ 10892 CRABAPPLE ROAD, ROSWELL, GA ZIP + 4 ▶ 30075		
b 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)?		
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

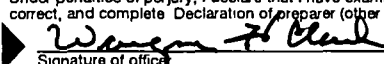
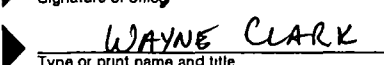
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		President Greater Atlanta USBC Date 12-14-2010	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WADDELL, SMITH, MAGOON, AND FREEMAN, LLC 10892 CRABAPPLE ROAD SUITE 100 ROSWELL, GA 30075-3071	EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection.

GREATER ATLANTA USBC ASSOCIATION

20-4124193

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar 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.")	32,225.	242,782.	74,567.	67,523.	65,549.	482,646.
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	32,225.	242,782.	74,567.	67,523.	65,549.	482,646.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						482,646.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	32,225.	242,782.	74,567.	67,523.	65,549.	482,646.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2.		464.	466.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			2.		464.	466.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		56,857.	55,204.	53,225.	119,071.	284,357.
13 Total support. (Add lines 9, 10c, 11, and 12.)	32,225.	299,639.	129,773.	120,748.	185,084.	767,469.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	62.89 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.06 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

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

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES AND FEES		2,704.	
MEETINGS		1,430.	
BANK CHARGES		123.	
TOURNAMENT EXPENSES		113,649.	
LANE CERTIFICATION EXPENSE		4,792.	
TRAVEL		7,980.	
VOLUNTEER BACKGROUND CHECKS		191.	
BVL EXPENSES		1,067.	
TOTAL TO FORM 990-EZ, LINE 16		131,936.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
CONTRIBUTION BOWLERS FOR VETERANS LEAGUE 11350 RANDOM HILLS RD STE 800 FAIRFAX, VA 22030	NONE	3,500.	
EDUCATIONAL SCHOLARSHIPS US BOWLING CONGRESS SCHOLARSHIP MGMT AND ACCT 621 SIX FLAGS DR ARLINGTON, TX 76011	NONE	6,160.	
CONTRIBUTION GEORGIA STATE USBC WOMENS BOWLER ASSOC P.O. BOX 477 PHENIX CITY, AL 36868	NONE	1,000.	
CONTRIBUTION AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	250.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		10,910.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WAYNE CLARK 592 MACKENZIE COURT, DACULA, GA 30019	PRESIDENT 0.00	0.	0.	0.
JOAN COLLIER, 461 ETHERIDGE MILL ROAD, MILNER, GA 30257	VICE PRESIENT 0.00	0.	0.	0.
JOE SPAIN, 10892 CRABAPPLE RD. STE 100, ROSWELL, GA 30075	MANAGER 40.00	24,000.	0.	0.
JACKIE BUTT, 832 BURCHILL STREET, ATLANTA, GA 30310	DIRECTOR 0.00	0.	0.	0.
DAVID CHECKLE SR., 7435 MOCKINGBIRD TRACE, RIVERDALE, GA 30274	DIRECTOR 0.00	0.	0.	0.
KATHI FAUST, 4518 YORKTOWN DRIVE, BETHLEHEM, GA 30620	DIRECTOR 0.00	0.	0.	0.
RONNIE GRIST, 2291 SEEDLING LANE, LAWRENCEVILLE, GA 30043	DIRECTOR 0.00	0.	0.	0.
JENNIE HONEA, 2781 TURNER VALLEY CIRCLE, CONYERS, GA 30094	DIRECTOR 0.00	0.	0.	0.
JAIME LAUB-JOHNSON, 2905 JORDAN COURT, ALPHARETTA, GA 30004	DIRECTOR 0.00	0.	0.	0.
RICKARD MINERLEY 1856 FOX HOLLOW, LILBURN, GA 30047	DIRECTOR 0.00	0.	0.	0.
VICKIE THOMASON 126 CALDWELL DRIVE, HAMPTON, GA 30228	DIRECTOR 0.00	0.	0.	0.
BOBBIE WALLS, 524 CANA OF GALILEE CT, TUCKER, GA 30084	DIRECTOR 0.00	0.	0.	0.
JOHN WALLS, 524 CANA OF GALILEE CT, TUCKER, GA 30084	DIRECTOR 0.00	0.	0.	0.
CHUCK WHITAKER PO BOX 2315, SMYRNA, GA 30080	DIRECTOR 0.00	0.	0.	0.

GREATER ATLANTA USBC ASSOCIATION

20-4124193

GERALD ARMSTRONG 25 HOLLAND PARK, ELLENWOOD, GA 30294	DIRECTOR 0.00	0.	0.	0.
DAVID CHECKLE JR., 7435 MOCKINGBIRD TRACE, RIVERDALE, GA 30274	DIRECTOR 0.00	0.	0.	0.
DEBORAH CLARK 592 MACKENZIE COURT, DACULA, GA 30019	DIRECTOR 0.00	0.	0.	0.
DOROTHY FORRESTER, 485 EHTERIDGE MILL RD, MILNER, GA 30257	DIRECTOR 0.00	0.	0.	0.
JODY GLENN 2571 WOODSIDE DRIVE, DULUTH, GA 30096	DIRECTOR 0.00	0.	0.	0.
SUE HESSE, 1618 HIDDEN HILLS PKWY, STONE MOUNTAIN, GA 30088	DIRECTOR 0.00	0.	0.	0.
BOBBY HILLIARD, 3350 SWEETWATER ROAD, LAWRENCEVILLE, GA 30044	DIRECTOR 0.00	0.	0.	0.
L.K. MITCHELL, 2635 WHITE ROCK DRIVE, BUFORD, GA 30519	DIRECTOR 0.00	0.	0.	0.
NANETTE TODD, 354 FOND DU LAC DRIVE, STONE MOUNTAIN, GA 30088	DIRECTOR 0.00	0.	0.	0.
BIANCA ANDERSON, 2000 HICKORY STATION CIRCLE, SNELLVILLE, GA 30078	DIRECTOR 0.00	0.	0.	0.
ASHLEIGH FAUST, 4518 YORKTOWN DRIVE, BETHLEHEM, GA 30620	DIRECTOR 0.00	0.	0.	0.
THERESA HILLIARD, 3350 SWEETWATER ROAD, LAWRENCEVILLE, GA 30044	DIRECTOR 0.00	0.	0.	0.
KATHY SCHEAFFER, 3837 ZINGARA ROAD NE, CONYERS, GA 30012	DIRECTOR 0.00	0.	0.	0.
THOMAS WALKER, 2643 SHADOWBROOK DRIVE, DECATUR, GA 30034	DIRECTOR 0.00	0.	0.	0.
MILLETTE MILLER WOODS, 1974 SAWGRASS DRIVE, HAMPTON, GA 30228	DIRECTOR 0.00	0.	0.	0.
DANNY ALLEN 286 CALUMET LANE, MONROE, GA 30655	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		24,000.	0.	0.

990-EZ PG 2

STATEMENT 5

TO ENSURE THE INTEGRITY AND PROTECT THE FUTURE OF THE SPORT, PROVIDE
PROGRAMS AND SERVICES, AND ENHANCE THE BOWLING EXPERIENCE.