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SCANNED DEC 2 8 2010

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under 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

Department of the Treasury Internal Revenue Service 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								İ							
_	A For the 2009 calendar year, or tax year beginning AUGUST , 2009, and ending 5004 31 , 2010								1						
В	Check If	heck if applicable Please C Name of organization 10 to 1 state Please C Name of organization 10 to 1 state Please C Name of organization 10 to 1 state Please C Name of organization 10 to 1 state Please C Name of organization 10 to 1 state Please C Name of organization 10 to 1 state 1									•				
	Address change label or Hargo-Markeda USBC WBA 30-41411893									_					
H	Name o	e change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep								hone n	umber	1041			
d	Termina		See			h L					218,	123	60	18/19	_
	Amende	ed return	Specific Instruc-	City or town, st				0 00	10		F Grou	ıp Exe	mption	42110	
Ц		tion pending	tions	Moorhe	/	MN		0-3 3 2				nber 🕨		1348	=
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method. ☑ Cash ☐ Accrual Other (specify) ▶														
_			a coi	inpreteu Scriet	Jule A (FO	-								<u> </u>	-
. ,	H Check ► Ø if the organization is not														
-	I Website: ► required to attach Schedule B (Form 990, J Tax-exempt status (check only one) —														
_	Check			zation is not a s									ore than	\$25,000 A	-
K				turn is not requ							-			\$25,000 A	
E				e 9 to determine							-	· s		-	-
_	art I			enses, and								ctions	s for Pa	art I.)	-
	1	Contribution	ns, gif	ts, grants, and	d similar	amounts	received .				. .	1		<u>.</u>	-
	2	Program s	ervice i	revenue inclui	ding gove	ernment f	ees and co	ntracts .				2	\overline{H}	614.4	5
	3	Membersh	ip due:	s and assessr	ments .							3	94	437.0	0
	4	Investment	t incom	ne								4		<u> 32,5</u>	1
	58	Gross amo	ount fro	m sale of ass	ets other	r than inve	entory .		5a						
	t			er basis and s	•				5b	.		ا عدّ			
0	, ,	•	-	n sale of asse						•		5c			-
Revenue	6														
eve				_					احما		,				
ď	'I.	•)					6a						
	1		•	nses other that ss) from spec		• .		ract line 6h			 -	6c			
	78			/entory, less r			· · · · · · · · · · · · · · · · · · ·	ract line ob	7a	ie oaj		00			-
	``i			•					7b	·		R.			
	(_	ss) from sales	s of inver	ntory (Sub	tract line 7	o from line 7				7c			
	8	Other reve							, <u> </u>)	8		<2.11	
	9	Total reve	nue. A	dd lines 1, 2,	3, 4, 5c,	6c, 7c, aı	سے. 8 nd	-550	F.11./	<u></u>	▶	9	36	084.6) J
	10	Grants and	sımıla	ır amounts pa	ud (attach	h schedul	e)	·KEU	LIA	اوراسبيب		10			_
	11	-		or for member				· · · ·		8/.	<u> </u>	11			_
e s	12			mpensation,					032	7010 · J&	: h	12			_
xpenses	13			and other pa			ndent contr	adiors		ستج لمسينسست	· }	13			-
				utilities, and			!	OGE	MIN	· [] [:	<u>.</u>	14			-
	15	•		ions, postage	, and snij	pping .	1	· UUL		1	•	15			-
	16			describe ► Add lines 10	through:	16					— <u>`</u> `	16 17	22	GAH.	<u>۵</u> 4).
	40) for the year								18		120	30%
Net Assets	19			nd balances a								-"		1010	90
S		end-of-yea	ar figure	e reported on	prior yea	ar's return	1)					19	16	023,	51
et /	20			net assets or								20			<u>.</u>
Z	21			d balances at								21	16	153,	71
j	art I			ets. If Total a	ssets on	line 25, c	olumn (B) a					instea	ad of Fo	rm 990-EZ.	-
				(See the in	struction	s for Parl	t II.)				ginning of			End of year	- •
				nvestments							33-			6152.	<u> </u>
													23		_
				oe▶						_)			24		_
										·			25		_
	6	Total liabilitie	s (des	cribe ►	07 -6 -	-l /D\		data 0 0-		_)			26	1-1EA	-11
_2	7	net assets or	Tund	balances (line	2/ of co	oiumn (B)	must agree	with line 2	1) .	<u>·L</u>			27 /	01240	_ / ./

Form	990-EZ (2009)					Page 2
Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part III.)			Expenses
Wha	t is the organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·			(Requ	red for section
	concise	501(c)(3) and 501(c)(4)				
		organ	izations and section			
	ner, describe the services provided, the number of program title.	percona benemea, and t	ATTO TOTO VALITY INTO THE	NOT TO	4947(a	a)(1) trusts, optional
	program and:				101 011	iers.)
28						
					1 1	
					!	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ 🗇	28a	
29						
					l	
	(Grants \$) If this amount	ıncludes foreign grants, ch	eck here	▶ ⊔_	29a	
30					i I	
					i	
			•••••••••••••••••••••••••••••••••••••••			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	30a	
31					-	
01					24-	
20	(Grants \$) If this amount	includes foreign grants, ch	ecknere	<u> </u>	31a	
	Total program service expenses (add lines 28a	inrough 31a)	 		32	
Pai	List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (d) (If not paid, emp	 Contribution loyee benefit 	ns to	(e) Expense account and
./	(a) Name and address	devoted to position	enter -0)	erred compen	isation	other allowances
KZ	thy tausen	Sect Treas.	16 - 001			
54	9 Beech Lane Maorhead MN	10600/1120K	4 97100 /Jpg	r -	I	
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ابلاي	vara curison	president	\$45000		_	
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Page 3

Part	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	33		×
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.	-}	*	že.
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		7
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	. 5	1	# 1
ь	Did the organization file Form 1120-POL for this year?	37b		\times
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	5×C #3	, ,	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	· #		100
39	Section 501(c)(7) organizations. Enter:	1.50 (, , ,	. %
а	Initiation fees and capital contributions included on line 9			*
b	Gross receipts, included on line 9, for public use of club facilities	1 %:	*******	· 🎆
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1. 3		ेंद
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	- *** **		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		4
J	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			J
	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	40b		×
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	7.05		14
Ū	organization managers or disqualified persons during the year under sections 4912,	4	, ,	, **
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<i>4</i>		· · · · · · · · · · · · · · · · · · ·
е	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	40e		- \$\frac{1}{2}
41	List the states with which a copy of this return is filed. ► _ NONE.	, TOE		
42a	The organization's books are in care of ► Kathy Pausch Located at ► 649 Beechlane Mediche MV ZIP+4 ► 562	123	36-	18
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ر عاملا ه		e ver. Se
~	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1-55	Ž
	If "Yes," enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			. .
^	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶	420	I	
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			
			N	AI -
44	Did the second of the second o		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-	ļ	<u>ب</u>
45	Form 990-EZ	44	-	
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	45	 	X
			1	_

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

Open to Public Inspection

OMB No 1545-0047

di	41	ne organization	orhead u	SBC Women's	Bou	oling 1	955M)	Employ		7893
Pa	rt I	Reasor	for Public C	harity Status (All or	ganizati	ons mus	t comp	ete this	part.) Se	ee instru	ictions.
1	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1										
3	\Box						ın sectio	n 170(h)	(1)/ A)(iii)		
4	 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											
6				ernment or governme							
7	\sqcup	An organiza	tion that normall	y receives a substanti	al part of	its suppo	ort from a	governn			
A				(1)(A)(vi). (Complete F		Complete	Dort II \		m	embe	Brydue
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
10		An organiza	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety	. See sec	tion 509	(a)(4).	
11		An organiza purposes of	tion organized a one or more pu	and operated exclusive blicly supported organate organate describes the type	ely for t nizations	he benefi describe	t of, to p	perform tion 509(a	he functi	ons of, c	(a)(2) See section
е		persons oth	this box, I cer	tify that the organization managers and othe	tion is no	oe III–Fund ot control e or more	led direc	tly or inc	directly b	v one or	Type III–Other more disqualified escribed in section
f g		organization Since Augus	, check this box at 17, 2006, has	a written determinate							e III supporting
		following pe	rsons?						•		
				r indirectly controls, eming body of the sup				th persor	ns descril	bed in (ii)	11g(i) X
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii) 🔀
				of a person described							11g(iii) ×
<u>h</u>	Name	e of supported	(ii) EIN	ation about the support					·		
(1)		ganization	(11) E114	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col (i) lı	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
		0									
		[6.								
		ON									
7	V										_
					, , ,			***			-

Total

Page 2

Par	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.)							
Sec	tion A. Public Support			_				
Ca	lendar 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			(0)	6		,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge		7	(017				
4	Total. Add lines 1 through 3	\$24, Aya##[# ,#\$45;-7 3]-		1 15th 1-4-11 1 15th		~ 2 ? s ~ ~ ~ ~ ~		
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.	Control of the second		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	tion B. Total Support	(a) 2005	(h) 2006	(a) 0007	(4) 0000	(-) 2000	(A Takel	
	lendar 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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SON				
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 .		Salar Parata			A 200		
12	Gross receipts from related activities, etc	c. (see instruction	ons)			12		
13	First five years. If the Form 990 is for					ear as a section	on 501(c)(3)	
	organization, check this box and stop he		<u> </u>	<u></u>	<u> </u>		<u> ▶ ∟</u>	
	tion C. Computation of Public Su					1 1		
14	Public support percentage for 2009 (line	•	•	1, column (f))		14	<u>%</u>	
15	Public support percentage from 2008 Sc		•			15	%_	
	33⅓ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33% % support test - 2008. If the organization quality and stop here. The organization quality and stop here.				, and line 15 is	33½ % or more	, check this ▶ □	
17a	7a 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 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circun ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here . cly supported or	Explain in Part ganization	IV how the ▶ □	
				, _ _, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Page 3

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.)									
<u>Sec</u>	Section A. Public Support								
Ca	lendar 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	6664.00	979200	9564,00	94300	<i>864</i> 6,60	44,098,00		
2	any "unusual grants.")	NONE							
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	NONE							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	NONE 666400	2020 40	aaıl.	()// <i>(2</i> () 00	alu m	tul and an		
6	Total. Add lines 1 through 5	000-00	9.193.00	156100	743200	36-16-18D	44,098,00		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	NONE							
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	NONE							
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)	66400	979900	936400	943000	3646,00	44,098.00		
	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	6664.00	9792.00	9564,00	4433100	864600	44,098.00		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,71	143.00	130,65	67.65	33,57	46360		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	NONE							
С	Add lines 10a and 10b	$B\eta,\eta_I$	143,00	153.65	61.65	20151	46360		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	NONE							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	NONE							
13	Total support. (Add lines 9, 10c, 11, and 12)	615171	9935,00	96966	949965	861851	44561,60		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourtl	n, or fifth tax y		n 501(c)(3) . ▶ □		
Sec	tion C. Computation of Public Su	pport Perce	ntage						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008			ne 13, column		15	%		
Sec	tion D. Computation of Investme								
 17	Investment income percentage for 200			d by line 13. c	olumn (fi)	17	%		
18	Investment income percentage from 2		* * *	-		18	%		
19a	33% % support tests – 2009. If the org	anızatıon did n	ot check the b	ox on line 14,					
h	331/6 % support tests—2008 If the organ		-						

line 18 is not more than 33% %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

20-4147893

Schedule A (Fo	orm 990 or 990-EZ) 20	09				Page 4
Part IV	Supplemental Part II, line 17a	Information. a or 17b; and I	Complete this Part III, line 12.	part to provide Provide any otl	the explanations require her additional information	d by Part II, line 10; n. See instructions.
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Fargo-Moorhead USBC WBA Financial Report 31-Jul-10

BALANCE FORWARD	\$16,023.51
Bank Interest Banquet Income Tickets sold Banquet Income comped tickets BVL Income	\$14,350.00 \$1,441.00 \$8,646.00 \$32.57 \$926.00 \$306.00 \$759.45 \$9.623.00
Tournament Income	\$ 9,623.00 \$ 36,084.02
TOTAL INCOME PLUS BALANCE FORWARD	\$52,107.53
EXPENSES:	
1435 USBC members @ \$10.00 1441 ND State USBC WBA members @ \$1.00 Average Book Expenses Awards Banquet Expense - meals/gratuity Banquet Expense - drawings Banquet Expense - rebate Banquet Expense - programs/posters/tickets	\$14,350.00 - National dues \$ 1,441.00 - State dues \$ 149.63 \$ 866.99 \$ 1,210.98 \$ 300.00 \$ 310.00 \$ 44.66
Internet Jamboree Expense Liability Insurance Meeting Expense Memorials ND Sec of State non profit filing fee National Delegate State Delegates Office Supplies	\$ 759.45 — DONACTON
Payroll Taxes Salaries President Association Manager Tournament Donation Tournament Expenses Web Site Expense Women's Tales printing Expense FM USBC Youth Bowling	\$ 240.97 \$ 450.00 \$ 2,700.00 \$ 1,000.00 \$ 9,623.00 \$ 79.30 \$ 125.99 \$ 300.00

Bank Balance as of July 31, 2010

\$16,152.71

\$35,954.82

(An additional \$112.45 was sent to BVL in checks written out to BVL from our members)