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Form **990-EZ**

STM127

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 08-01 , 2009, and ending 07-31 , 20 10

B Check if applicable
- [X] 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 OMAHA AREA USBC BOWLING ASC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
SOUTHRD TECH PK 1001 FT CROOK RD 204

City or town, state or country, and ZIP + 4
Bellevue, NE 68005

D Employer identification number
83-0424739

E Telephone number
(402) 556-7001

F Group Exemption Number ▶ 3031

- 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 [X] Cash [ ] Accrual
Other (specify) ▶

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

I Website: ▶ WWW.BOWLOMAHA.ORG

J Tax-exempt status (check only one) - [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A 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

L 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 ▶ $ 248,197

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	17,406
	2	Program service revenue including government fees and contracts		2	36,579
	3	Membership dues and assessments		3	190,132
	4	Investment income		4	3,458
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	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 ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	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	622	
	b	Less cost of goods sold	7b	2,025	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	(1,403)
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	246,172
Expenses	10	Grants and similar amounts paid (attach schedule) STM122		10	131,851
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	43,139
	13	Professional fees and other payments to independent contractors		13	1,815
	14	Occupancy, rent, utilities, and maintenance		14	9,990
	15	Printing, publications, postage, and shipping		15	3,562
	16	Other expenses (describe ▶ STM130)		16	59,844
	17	**Total expenses.** Add lines 10 through 16 ▶		17	250,201
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(4,029)
	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	259,068
	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	255,039

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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	249,397	22	253,850
23	Land and buildings		23	
24	Other assets (describe ▶ STM131)	13,429	24	2,753
25	**Total assets**	262,826	25	256,603
26	**Total liabilities** (describe ▶ STM132)	3,758	26	1,564
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	259,068	27	255,039

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	HOST BOWLING TOURNAMENTS AND PROMOTE BOWLING IN THE METROPOLITAN AREA. TOURNAMENTS ARE OPEN TO ALL MEMBERS. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	46,271
29	PROVIDE SCHOLARSHIPS TO YOUTH CITY TOURNAMENT BOWLERS (Grants $ 1,000) If this amount includes foreign grants, check here ▶ ☐	29a	1,000
30	HOST BANQUET FOR MEMBERS (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	6,389
31	Other program services (attach schedule)		See SERVICES
	(Grants $ 12,061) If this amount includes foreign grants, check here ▶ ☐	31a	12,061
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	65,721

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

See 990_OFOV (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PAUL LA RIVIERE 16706 18 ST Plattsmouth NE, 68048	ASSOCIATION MAN 40	25,350	0	0
BARB MELONIS 4109 N 13 ST Carter Lake IA, 51510	DIRECTOR 20	10,565	0	0
DEAN MARTIN 6107 S 168 ST Omaha NE, 68135	PRESIDENT 0	0	0	0
RICK THILL SR 3751 S 196 AVE Omaha NE, 68130	1ST VICE PRESID 0	0	0	0
EILEEN CRINKLAW 16055 FREDERICK STREET Omaha NE, 68130	2ND VICE PRESID 0	0	0	0
EZRA BROWN 5261 N 110TH AVE CIRCLE Omaha NE, 68164	DIRECTOR 0	0	0	0
DEE CONRAD 15858 LARIMORE PLZ 84 Omaha NE, 68116	DIRECTOR 0	0	0	0
CHERYL COULSON 7902 ONTARIO STREET Omaha NE, 68124	DIRECTOR 0	0	0	0
JAN GATHYE 14706 HOLMES STREET Omaha NE, 68137	DIRECTOR 0	0	0	0
JOHN HANEY 5066 S 86 PKWY Omaha NE, 68127	DIRECTOR 0	0	0	0
DAVE NELSON JR 5015 S 164 STREET Omaha NE, 68135	DIRECTOR 0	0	0	0
DENNIS JENKINS 12624 BARTELS DRIVE Omaha NE, 68137	DIRECTOR 0	0	0	0
MILTON WEATHERLY 6803 N 68 PLZ Omaha NE, 68152	DIRECTOR 0	0	0	0
DAVE WILLIAMS JR 14905 EDNA STREET Omaha NE, 68138	DIRECTOR 0	0	0	0
DONALD PAULY 2813 SANDRA STREET Bellevue NE, 68147	DIRECTOR 0	0	0	0
MIKE FRANCK 10891 POLK STREET Omaha NE, 68137	DIRECTOR 0	0	0	0
SONDRA ALBERTSON 2109 HANCOCK STREET Bellevue NE, 68005	DIRECTOR 0	0	0	0
LEVY HUGHES 5719 S 38 STREET Omaha NE, 68107	DIRECTOR 0	0	0	0

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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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	40b		✓
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ PAUL LA RIVIERE Telephone no. ▶ 402-556-7001			
	Located at ▶ 1001 FT CROOK RD STE 204 BELLEVUE NE ZIP + 4 ▶ 68005			
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)?	42b		✓
	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.?	42c		✓
	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 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		✓

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

			Yes	No
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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 "

(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

Paul Parkinson — Signature of officer — Date 12-13-2010

ASSOCIATION MANAGER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 12/10/10 — Check if self-employed ▶ ☐ — Preparer's Identifying No (See inst)

Firm's name (or yours if self-employed), address, and ZIP + 4: DOTTIE FEILMEIER, CPA, P.C.; 51039 OLIVE STREET; ATLANTIC, IA 50022 — EIN ▶ — Phone no ▶ 712-243-3636

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
GREATER OMAHA AREA USBC BOWLING ASC	83-0424739

Part I 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).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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).**

11 ☐ 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

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ 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 509(a)(1) or section 509(a)(2)

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 ln 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 . . . . . ▶ ☐

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 ")	203,720	244,753	220,243	214,888	207,538	1,091,142
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	54,642	36,076	55,961	55,833	38,634	241,146
3 Gross receipts from activities that are not an unrelated trade or bus under sec 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	258,362	280,829	276,204	270,721	246,172	1,332,288
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						1,332,288

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	258,362	280,829	276,204	270,721	246,172	1,332,288
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,537	1,773	3,870	4,376	3,458	15,014
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,537	1,773	3,870	4,376	3,458	15,014
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)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						1,347,302

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** ▶ [X]

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
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	%
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 ▶ [ ]

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	(e) Expense account, other allowances
GREG HULLA 206 SHERRY DRIVE, 68005	DIRECTOR 0	0	0	0
CINDY JENKINS 12624 BARTELS DRIVE, 68137	DIRECTOR 0	0	0	0
CATHY THILL 3751 S 196 AVENUE, 68130	DIRECTOR 0	0	0	0
DORA ANN LAWRENZ 3203 S 39 STREET, 68105	DIRECTOR 0	0	0	0
ROSEMARY LEACH 6118 N 116 CIRCLE, 68164	DIRECTOR 0	0	0	0
JOHNNY RAY GOMEZ 2321 N 127 CIRCLE, 68164	DIRECTOR 0	0	0	0

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

				Amount	Relationship
Activity	UNITED STATES BOWLING CONGRESS			120,008	
Grantee					
Address	5301 S 76 STREET				
	Greendale	WI	53129		
Activity	SCHOL MGMT & ACCTG RPT FOR TENPINS			1,000	
Grantee					
Address	5301 S 76 ST				
	Greendale	WI	53129		
Activity	DONATION			7,982	NONE
Grantee	EASTERN NEBRASKA VETERANS HOME				
Address	12505 S 40 ST				
	Bellevue	NE	68123		
Activity	DONATION			2,661	NONE
Grantee	BOWLERS TO VETERANS LINK				
Address	11350 RANDOM HILLS ROAD				
	Fairfax	VA	22030		
Activity	DONATION			200	NONE
Grantee	NEBRASKA JUNIOR KING & QUEEN TOURN				
Address	4010 NORMAL BLVD				
	Lincoln	NE	68506		
			Total	131,851	

FORM 990EZ PART III EXEMPT PURPOSE
THE ASSOCIATION'S PRIMARY EXEMPT PURPOSE IS TO HOST BOWLILNG TOURNAMENTS AND PROMOTE BOWLING IN THE METROPOLITAN AREA. THE TOURNAMENTS ARE OPEN TO ALL MEMBERS OF THE ASSOCAITION.

Federal Supporting Statements	2009
Name(s) as shown on return	FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

Description	Amount
BANQUET	6,158
TOURNAMENT-ADVERTISING	85
TOURNAMENT-AWARDS	29,120
TOURNAMENT-CERTIFICATION	2,891
TOURNAMENT-LINEAGE	12,330
TOURNAMENT-OFFICIATING	1,845
INSURANCE	737
OFFICE EXPENSE	1,618
SUPPLIES	1,613
TELEPHONE	3,159
DEPRECIATION	288
Total	59,844

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

Description	Beginning of Year	End of Year
INVENTORY	776	100
PREPAID RENT	12,643	2,653
EQUIPMENT NET OF DEPRECIATION	10	
Total	13,429	2,753

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
PAYROLL TAXES	1,374	1,564
SALES TAX	2,384	
Total	3,758	1,564

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

GREATER OMAHA AREA USBC BOWLING ASC

Your Social Security Number

83-0424739

Form 990EZ, Part III, Line 31

Program Service Expenses	$12061
Grants and allocations included in above expense	$12061
Includes Foreign Grants	No

Explanation

Other program services

STM LD