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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization MISSOURI STATE BOWLING PROPRIETORS ASSOCIATION		D Employer identification number 43-0768043
Number and street (or P O box, if mail is not delivered to street address) PO BOX 7182		E Telephone number (888) 500-8110
City or town, state or country, and ZIP + 4 ARLINGTON, TX 76005		F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWWBOWLMISSOURI.COM](http://WWWBOWLMISSOURI.COM)J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( 6 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 96,792

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ► 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 53,493
	3 Membership dues and assessments	3 19,447
	4 Investment income	4 28
	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 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6d
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 23,824
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 96,792
	10 Grants and similar amounts paid (list in Schedule O)	10 18,875
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 1,000
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 239
	16 Other expenses (describe in Schedule O)	16 68,133
	17 Total expenses. Add lines 10 through 16	17 88,247
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,545
	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 84,078
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 92,623

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

22 Cash, savings, and investments . . . . .  
 23 Land and buildings . . . . .  
 24 Other assets (describe in Schedule O) . . . . .  
**25 Total assets** . . . . .  
**26 Total liabilities** (describe in Schedule O) . . . . .  
**27 Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . . . . .

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
22	101,725	<b>22</b>	103,218
		<b>23</b>	
	137	<b>24</b>	0
	101,862	<b>25</b>	103,218
	17,784	<b>26</b>	10,595
	84,078	<b>27</b>	92,623

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

THE PURPOSE OF MISSOURI STATE BOWLING PROPRIETORS' ASSOCIATION IS TO PROMOTE  
INTEREST IN BOWLING

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, and 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** MISSOURI STATE BOWLING PROPRIETORS' ASSOCIATION PROMOTES INTEREST IN BOWLING  
THROUGH EDUCATION AND OTHER MEMBER BENEFITS(Grants \$ 0) If this amount includes foreign grants, check here . . . ►  **28a** 0**29**(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **29a****30**(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **30a****31** Other program services (describe in Schedule O) . . . . .(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **31a****32** Total program service expenses (add lines 28a through 31a) . . . . . ► **32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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 transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ►		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
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	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>BOWLING PROPRIETORS ASSOC</u> Telephone no ► <u>(814) 649-5105</u> 621 SIX FLAGS DRIVE Located at ► <u>ARLINGTON, TX</u> ZIP + 4 ► <u>76011</u>		
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 ►	42b	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45</b>	No
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No

**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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

<p><b>50</b> 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."</p>				
(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

**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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ►

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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.

<b>Sign Here</b>	***** Signature of officer <u>OFFICER OFFICER</u> Type or print name and title	2011-05-05 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature <u>KIMBERLY ANDERSON CPA</u>	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CLIFTON GUNDERSON LLP</u> <u>8215 GREENWAY BOULEVARD SUITE 600</u> <u>MIDDLETON, WI 53562</u>			EIN <input checked="" type="checkbox"/>  Phone no <input checked="" type="checkbox"/> (608) 662-8600

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 43-0768043  
**Name:** MISSOURI STATE BOWLING PROPRIETORS  
ASSOCIATION

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ERIC BARNETT 340 MCNABB ROAD MARSHFIELD, MO 65706	DIRECTOR 1 00	0	0	0
STEVE DIVERS PO BOX 676 MOBERLY, MO 65270	DIRECTOR 1 00	0	0	0
JEFF YODER 207 SOUTH BISMARCK CONCORDIA, MO 64020	DIRECTOR 1 00	0	0	0
VICKI BOWMAN 300 NW 72ND STREET GLADSTONE, MO 64118	VICE PRESIDENT 1 00	0	0	0
TOM SHUCART 210 FEE FEE HILLS DRIVE HAZELWOOD, MO 63042	DIRECTOR 1 00	0	0	0
GARY CLOUSE 1111 W KEARNEY STREET SPRINGFIELD, MO 65803	DIRECTOR 1 00	0	0	0
TED KRYGIEL 9520 OLIVE ST ST LOUIS, MO 63132	PRESIDENT 1 00	0	0	0
JESSE CHOUNARD 1201 B EAST HWY 32 SALEM, MO 65560	DIRECTOR 1 00	0	0	0
TOM SLEZAK 645 MISSOURI AVE SULLIVAN, MO 63080	SECRETARY/TREASURER 1 00	0	0	0
LANCE UNNERSTALL 603 ALBERTA LANE WASHINGTON, MO 63090	DIRECTOR 1 00	0	0	0
RUSTY NOEL 409 W 3RD ST MOUNTAIN GROVE, MO 64020	SGT AT ARMS 1 00	0	0	0
DARRYL JAMES PO BOX 1214 CAPE GIRARDEAU, MO 63702	DIRECTOR 1 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

MISSOURI STATE BOWLING PROPRIETORS ASSOCIATION

**Employer identification number**

43-0768043

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 28

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 23,224 DESCRIPTION ANNUAL MEETING AMOUNT 600 TOTAL TO FORM 990-EZ, LINE 8 23,824

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION IFT TOURNAMENT SCHOLARSHIPS GRANTEE NAME VARIOUS INDIVIDUALS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 8,875

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIGH SCHOOL BOWLING SCHOLARSHIPS GRANTEE NAME VARIOUS INDIVIDUALS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 10,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 18,875

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 694 DESCRIPTION ANNUAL MEETING EXPENSES AMOUNT 32,315 DESCRIPTION INTERNATIONAL TOURNAMENT EXPENSES AMOUNT 19,927 DESCRIPTION AWARD EXPENSES AMOUNT 115 DESCRIPTION COMMUNICATION EXPENSES AMOUNT 196 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 128 DESCRIPTION MANAGEMENT FEES AMOUNT 9,996 DESCRIPTION TRAVEL AMOUNT 1,261 DESCRIPTION HIGH SCHOOL PROGRAMS AMOUNT 3,501 TOTAL TO FORM 990-EZ, LINE 16 68,133

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAIDS BEG OF YEAR AMOUNT 137 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,922 END OF YEAR AMOUNT 229 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 14,285 END OF YEAR AMOUNT 9,789 DESCRIPTION SCHOLARSHIPS BEG OF YEAR AMOUNT 577 END OF YEAR AMOUNT 577

## TY 2010 Transfers Personal Benefits Contracts Declaration

**Name:** MISSOURI STATE BOWLING PROPRIETORS ASSOCIATION

**EIN:** 43-0768043

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.