



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**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, 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

OMB No 1545-1150

2011**Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **JULY 01**, 2011, and ending **JUNE 30**, 2012**B** Check if applicable

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

C Name of organization

INTERNATIONAL GAY BOWLING ORGANIZATION

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

931 MONROE DRIVE #102152

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

Atlanta GA 30308

D Employer identification number

91-1285626

E Telephone number

(678) 358-5401

F Group Exemption

Number ▶

G Accounting Method☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ IGBO.ORG

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

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ 58,256

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	9,846
	2	Program service revenue including government fees and contracts	2	8,268
	3	Membership dues and assessments	3	25,530
	4	Investment income	4	259
	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	
	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 exceeds \$15,000)	6b	14,353
c	Less: direct expenses from gaming and fundraising events	6c	11,855	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,498	
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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,401	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	26,138
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	9,428
	16	Other expenses (describe in Schedule O)	16	4,046
	17	Total expenses. Add lines 10 through 16	17	39,612
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,789
	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	95,961
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	102,750

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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		
b Did the organization file Form 1120-POL for this year?	37b	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 tax year covered by this return?	38a	X
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 40a ; section 4912 40a ; section 4955 40a		
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		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed. 41 WA		
42a The organization's books are in care of 42a See attachment #4 Telephone no. 42a Located at 42a ZIP + 4 42a		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country. 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 43 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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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 N/A		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b 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 may need to be completed instead of Form 990-EZ (see instructions) 45b		X

- 46 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.

	Yes	No
46		X

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, and complete the tables for lines 50 and 51.

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

- 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?

49a		X
49b		X

- 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."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ☐

- 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.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

TERRI PAULK CPA

Preparer's signature

Date

11/14/12

Check ☒ if self-employed

PTIN

P00920986

Firm's name ☐ TERRI PAULK CPA

Firm's EIN ☐

Firm's address ☐ 2814 HOLLYWOOD DRIVE

Phone no. 404-790-5320

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

☒ Yes ☐ No

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

2011

Open to Public Inspection

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

Name of the organization

INTERNATIONAL GAY BOWLING ORGANIZATION

Employer identification number

91-1285626

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
11g(I)		X
11g(II)		X
11g(III)		X

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	33,711	29,270	42,258	30,878	35,376	171,493
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	33,711	29,270	42,258	30,878	35,376	171,493
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.)						171,493

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	33,711	29,270	42,258	30,878	35,376	171,493
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,242	1,174	308	291	259	4,274
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,242	1,174	308	291	259	4,274
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.)	35,953	30,444	42,566	31,169	35,635	175,767

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 2011 (line 8, column (f) divided by line 13, column (f)).	15	97.57 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	2.43 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2011. 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 -- 2010. 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 ☐

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION				Employer Identification Number 91-1285626
Primary Purpose				
THE ORGANIZATIONS PRIMINARY PURPOSE IS TO FOSTER AMATEUR SPORTS. IGBO HAS TOURNAMENTS AND SEMINARS THAT FOCUS ON AMATEUR ATHLETIC ACTIVITIES, SPECIFICALLY BOWLING. THIS IS THE REASON FOR THE IGBO'S CREATION.				

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012.
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION	Employer Identification Number 91-1285626

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	21,105
------------------------	--------------------------------	--------------------------	--------

Exempt Purpose Achievements

IGBO HOLDS TWO AMATEUR TOURNAMENTS PER YEAR DURING THE ANNUAL AND MIDYEAR MEETINGS. IGBO SUPPORTS AND PROMOTES 50+ AFFILIATED TOURNAMENTS THAT ARE OPEN TO THE 20,000+ INDIVIDUAL MEMBERS FROM OVER 150 MEMBER LEAGUES WORLD WIDE. THE EMPHASIS IS TO PROMOTE THE SPORT OF BOWLING TO THE GAY COMMUNITY, BUT PROVIDES SERVICES AND EDUCATION TO ALL COMMUNITES.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION	Employer Identification Number 91-1285626

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	6,298
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

PUBLICATIONS INCLUDE AN ONGOING 12-MONTH COMPILATION OF INDIVIDUAL TOURNAMENT SCORES DISTRIBUTED FOR MEMBER USE. IGBO ALSO PRODUCES A NEWSLETTER 3 TIMES A YEAR REPORTING ON MEMBER ACTIVITIES AND NEWS. BOWLING INSTRUCTIONAL CLASSES ARE HELD AT ANNUAL AND MIDYEAR MEETINGS.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION			Employer Identification Number 91-1285626

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	9,397
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

AWARDS-ANNUAL AWARDS ARE GIVEN TO EVERY MEMBER LEAGUE TO DISTRIBUTE TO THE HIGHEST MALE AND FEMALE AVERAGES, LEAGUE WINNING TEAM AND RUNNERUP. AWARDS ARE ALSO DISTRIBUTED TO MEMBERS ACHIEVING HONOR SCORES.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.	
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION			Employer Identification Number 91-1285626	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
GREG EDENFIELD P.O. BOX 30722 Charlotte, NC 28230	PRESIDENT 12.00	0	0	1,500
ROBERT SILLIMAN 19 BEACON STREET Chelsea, MA 02150	VICE PRESIDENT 12.00	0	0	1,500
JOHN KINCHLOE 902 RAMBLEWOOD DR Lewisville, TX 75067	SECRETARY 12.00	0	0	1,500
L.E. MCLEMORE 931 MONROE DR #102152 Atlanta, GA 30308	TREASURER 12.00	0	0	1,500
KEN SCADDAN 1223 WINDERMERE RD WINDSOR, ONTARIO, CA N84 3E9	REGIONAL DIRECTOR 6.00	0	0	900
TIM TKACIK 1910 NW 31ST ST Camas, WA 98607	REGIONAL DIRECTOR 6.00	0	0	900
MARK MACBAIN 1011 KINNE ST East Syracuse, NY 13057	REGIONAL DIRECTOR 6.00	0	0	900
ALEX GREGORY 4946 TRINIDAD DR Land O Lakes, FL 34639	REGIONAL DIRECTOR 6.00	0	0	900
LARRY SANCHEZ 4006 LOUISIANA ST #9 San Diego, CA 92104	REGIONAL DIRECTOR 6.00	0	0	900
CURTIS MARTIN 4144 UTAH STREET0 Saint Louis, MO 63116	REGIONAL DIRECTOR 6.00	0	0	900
JOEY LEBLANC 9147 DUBLIN SPRING San Antonio, TX 78254	REGIONAL DIRECTOR 6.00	0	0	900
DONNY TANG 3819 14TH STREET Arlington, VA 22204	REGIONAL DIRECTOR 6.00	0	0	900
GREY FREY 1320 SUPULVEDA AVE Albuquerque, NM 87113	REGIONAL DIRECTOR 6.00	0	0	900

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization INTERNATIONAL GAY BOWLING ORGANIZATION				Employer Identification Number 91-1285626

Part V - Line 42a

Individual Name L.E. MCLEMORE
or
Business Name

Street Address 931 MONROE DR, #105152

U S Address

Zip code 30308 City Atlanta State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (678) 358-5401

Fax Number

2011 DETAIL STATEMENTS

INTERNATIONAL GAY BOWLING ORGA
91-1285626

Page 1

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

INSURANCE EXPENSES.....	2,165
TOURNAMENT EXPENSES.....	1,133
BANK FEES.....	648
DUES.....	100

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	4,046
---	-------

STATEMENT #2 - Other assets end yr (EOEZ PG 2 Line 24)

DUE FROM MEMBERS	
EQUIPMENT.....	1,581

TOTAL CARRIED TO EOEZ PG 2 Line 24.....	1,581
---	-------

STATEMENT #3 - Total liabilities beg yr (EOEZ Pg 2 Line 26)

ACCRUED EXPENSES	
REGIONAL FUNDS.....	13,812
TOURNAMENT PAYABLES.....	44,299

TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	58,111
---	--------

STATEMENT #4 - Total liabilities end yr (EOEZ Pg 2 Line 26)

REGIONAL FUNDS.....	14,444
TOURNAMENT PAYABLES.....	135
ACCRUED EXPENSES.....	2,099

TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	16,678
---	--------
