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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning , 2011, and ending July 31 August 1 , 2012 C Name of organization Great Plains United States Bowling Congress, Inc. D Employer identification number Check if applicable Doing Business As Address change 20-3402042 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1506 E. Lewis 316-267-4462 City or town, state or country, and ZIP + 4 Terminated Wichita, KS 67211 Amended return G Gross receipts \$ F Name and address of principal officer Donna D. Stark Application pending H(a) Is this a group return for affiliates? Yes X No 1506 E. Lewis, Wichita, KS 67211 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) (Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🔽 Corporation 🗌 Trust ☐ Association ☐ Other ▶ Year of formation 2005 M State of legal domicile Kansas Part I Summarv Briefly describe the organization's mission or most significant activities promoting amateur sports competition -Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 53,229 50,994 46,205 9 Program service revenue (Part VIII, line 2g) 30,553 21,328 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,648 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 120,762 12 101,195 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 9.807 11.250 14 Benefits paid to or for members (Part IX-column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part X-column (A), lines 5–10) 22,300 21,607 16a Professional fundraising fees (Part IX, column A); line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) b Other expenses (Part IX, column (A), In s 11a f (d, \$16-24e); 17 88,132 78,189 Total expenses Add lines 13-17 (must equal Part IX, column (A), 18 120,239 111,046 19 Revenue less expenses. Subtract line 18 from line 12 523 (9,851)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 223,794 211,604 3,332 21 5,671 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 218,123 208,272 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, ingluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other that officer) is based on all information of which preparer has any knowledge Sign Signature of officer Association Manager Here A. Jeanette Type or print name and title Preparer's signature Print/Type preparer's name Date Paid Check I if Momo M Thomas M. Galbraith 12-17-2012 self-employed Preparer Firm's name > Galbraith & Thimmesch, LLP Firm's EIN > 45-4138968 Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 8100 E. 22nd St No, Bldg. 900-B, Wichita, KS 67211

Form 990 (2011

X YesN □

Phone no 316-977-9262

1	Briefly describe the organizati	ontains a response to any question in this Part III	
•	to promote amateur sport		
	••••••		
	•••••		
2	Did the organization undertak	ke any significant program services during the year which were not listed on the	 -
	prior Form 990 or 990-EZ? .		☐ Yes 😨 No
	If "Yes," describe these new s		
3		conducting, or make significant changes in how it conducts, any program	
	If "Yes," describe these change		☐ Yes 😿 No
4		program service accomplishments for each of its three largest program services,	as measured b
	expenses Section 501(c)(3)	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repo	rt the amount o
	grants and allocations to othe	ers, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses	s \$ 14,044 including grants of \$) (Revenue \$	
70		ished and managed various functions related to the bowling members'	awards and
		omote amateur sports competition, the tax-exempt purpose of the Org	
4b	(Code) (Expenses	rs \$ 7,281 including grants of \$) (Revenue \$)
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Part	IV Checklist of Required Schedules			
1			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		x
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D. Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	10		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	, , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20 a		20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	t	X

Form 99	90 (2011)			Page 4
Part	IV ` Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b c		24b 24c		x
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		x
b	Is the organization 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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2	35a		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			X
38	Part VI	37	x	X

				_
	0 (2011) V Statements Regarding Other IRS Filings and Tax Compliance		_	Page 5
Part	Check if Schedule O contains a response to any question in this Part V			
	Check it ochequie o contains a response to any question in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 4			<u> </u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	x	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			note statemen
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
.	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	- - -		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders	-		
D	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		

Is the organization licensed to issue qualified health plans in more than one state?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? . 14a

13a

14b

Part \		-			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response to any question in this Part VI	s in scriedule O s	ee iiis	ucu	
Section	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19		, Sore	(Y,)
	If there are material differences in voting rights among members of the governing body, or				, i
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	1b 19			,
р 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business.				,
2	any other officer, director, trustee, or key employee?		2	-	 X
3	Did the organization delegate control over management duties customarily performed by or	under the direct	-		_
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		x
6	Did the organization have members or stockholders?		6	X	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint	_		ŀ
	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approva		7a	X	
b	stockholders, or persons other than the governing body?	by) members,	7b		x
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during	75		A
_	the year by the following	3			
а	The governing body?		8a	x .	-
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a contract of the section and th				
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	l - 1	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the	<u>e internai Rever</u>	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,	104		_
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	v	
13	Did the organization have a written whistleblower policy?	•	13	<u> </u>	x
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review	and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			_
а	The organization's CEO, Executive Director, or top management official .		15a		X
b	Other officers or key employees of the organization		15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or sim	lar arrangement			!
IVa	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			1
-	participation in joint venture arrangements under applicable federal tax law, and take steps				
	organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed none	- 1 000 T (01	5047		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply	na 990-1 (Section	501(0	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc	uments, conflict o	f inter	est r	olicv
	and financial statements available to the public during the tax year	,		-	. , ,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the)	
	organization: ► Donna D. Stark, 1506 E. Lewis, Wichita, KS 67211				

Form 990 (2011)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

☐ Check this box if neither the organization no	r any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director	; or trustee.
(A)	(B)			(C Pos	ition			(D)	(E)	(F)
Name and Title	Average hours per week	box, i	unles er and	s pe d a d	rson	than one of the state of the st	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) See attached statement	-							20,071	0	0
(2)										
(3)	-									
(4)	_									
(5)	+								,	
(6)	-									
(7)	1								1	
(8)	-									
(9)	-									
(10)	-									
(11)										
(12)										
(13)	-									
(14)										

Form **990** (2011)

Section A. Officers, Directors, Trus			7										
(A) Name and title	(B) Average hours per	box, office	unles	Posi eck s pe	tion more	ış both	an	(D) Reportable compensation	•	rom	Estii amo	nated unt of	
	(describe hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations		compe fror orgar and	ensation in the nization related	
												<u>.</u>	
												-	
						<u> </u>							
	-												
	-												
									· · · · · · · · · · · · · · · · · · ·	+			
	-												
	-												
Total from continuation sheets to Part				<u> </u>			>	20,071		0			0
Total number of individuals (including but	t not limited			e list	ed		e) w		lore than \$100) of		0
Did the organization list any former of	ficer, direc					key e	emp	oloyee, or high	est compen	sated	3	Yes	No X
For any individual listed on line 1a, is the organization and related organizations individual .	e sum of re greater th	porta an \$	ble 150	con ,000	npe)? /	nsatio <i>If "Ye</i>	on a es,"	nd other comp complete Sch	ensation from nedule J for	n the <i>suct</i>	e h4		x
Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe comp	nsa lete	tion <i>Scl</i>	fro hed	m any ule J	y un for s	nrelated organiz such person	zation or indi	vidua	1 5		
on B. Independent Contractors													
													ax
(A) Name and business add	dress							(B) Description of s	ervices	-		ation	
							o th	nose listed ab					-
	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including bur reportable compensation from the organ Did the organization list any former of employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual Did any person listed on line 1a receive of services rendered to the organization on B. Independent Contractors Complete this table for your five highest compensation from the organization. Rej year (A) Name and business add Total number of independent contractors	(A) Name and title Average hours per week (describe hours for related organizations in Schedule O) Sub-total Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization ▶ Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule Jero any individual listed on line 1a, is the sum of reorganization and related organizations greater the individual Did any person listed on line 1a receive or accrue or or services rendered to the organization? If "Yes," on B. Independent Contractors Complete this table for your five highest compensation from the organization. Report compensation from the organization compensation from the organization. Report compensation from the organization compensation from the organization. Report compensation from the organization compensation from the organization organization. Report compensation from the organization organization organization organization. Report compensation from the organization organization organization. Report compensation from the organization organization organization organization. Report compensation from the organization organiza	(A) Name and title (B) Average hours per week (describe hours for related organizations in Schedule O) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization list any former officer, director, cemployee on line 1a? If "Yes," complete Schedule J for s For any individual sited on line 1a, is the sum of reporta organization and related organizations greater than \$ mdividual Did any person listed on line 1a receive or accrue competer services rendered to the organization? If "Yes," compete Schedule J for services rendered to the organization? If "Yes," compete Schedule J for services rendered to the organization greater than \$ mdividual Did any person listed on line 1a receive or accrue competer services rendered to the organization? If "Yes," compete Schedule J for services rendered to the organization? Report compensation from the organization. Report compensation from the organization compensation from the organization. Report compensation from the organization compensation from the organization. Report compensation from the organization compensation from the organization. Report compensation from the organization compensation from the organization fr	(A) Name and tritle (A) Name	(A) Name and title (A) Name and title Average hours per week (describe lours for related organizations in Schedule organization in Sched	(A) Name and title Name and	(A) Name and title (B) Average hours per week (describe hours for related or ganizations in Schedule O) Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above reportable compensation from the organizations greater than \$150,000? If "Yes individual Did any person listed on line 1a, is the sum of reportable compensation from any for services rendered to the organization? If "Yes," complete Schedule J on B. Independent Contractors Complete this table for your five highest compensated independent contractors (A) Name and business address Total number of independent contractors (including but not limited to the calend year) (A) Name and business address	(A) Name and title C) Complete from the compensation of the calendar year Complete from the compensation from the organization and related organization? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization and related organization? If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such individual organization. If "Yes," complete Schedule J for such indit	(A) Name and title (B) Average Pours per officer and a directortrustee) Pours for related organizations in Schedule Pours for any undividual Indian from the organization per organization and related organization is any former officer, director, or trustee, key employee, or high employee on line 1a; If Yes," complete Schedule J for such individual Pours for any undividual Pours f	(A) Name and title Name and title Average board of the check more in both an oldicer and a directorinastic of the check more in both an oldicer and a directorinastic of the check more and a director of the check more and and and the compensation from the organization of the check more and and check more	(A) Name and title Average week (Generols house for resolution of the compensation from the compensation from the compensation for related to the compensation from the organization is an organization and contractors and organization and other compensation from the organization or reportable compensation from the organization greater than 5150,000? If "Yes," complete Schedule J for such advisors rendered to the organizations greater than 5150,000? If "Yes," complete Schedule J for such advisors rendered to the organization speed to the calendar year ending with or within the organization from the organization of the calendar year ending with or within the organization from the organization from the organization from the organization from the calendar year ending with or within the organization from the organization from the organization from the calendar year ending with or within the organization from the orga	(A) Name and title (B) Average by the proper of the policy series are part of the policy se	(A) Name and title Average Power For The Power For Week (Searche Power For Name

Great Plains United States Bowling Congress, Inc List of Board of Directors As of July 31, 2012

(A)	(B)				>			(D)	(E)	(F)
	Average Hrs	Ind Trstee	Inst Trstee		Key	Highly Comp		Reportable Compensation	Reportable Compensation	Estimated Amt of Other
Name and Title	per Week	Drctr	Drctr	Officer	Empl	Empl	Former	from the Org	from Related	Compensation
Donna D Stark 1506 E Lewis President	2			x				-	-	-
Roy Elley 1506 E Lewis Vice-President	2			x				-	-	-
Raymond P Baty 1506 E Lewis Vice-President	2			×				-	<u>-</u>	-
Jeanette Woolever 1506 E Lewis Assn Manager	32				¥			20,071	-	
M Diane Davis 1506 E Lewis Director	2	λ						-	-	-
Charles Bayouth, Jr 1506 E Lewis Director	2	x						-	-	-
Duane Ensign 1506 E Lewis Director	2	х	1			:		-	-	-
Christopher C Magee 1506 E Lewis Director	2	x						-	-	-
Vivian Richards 1506 E Lewis Director	2	x						-	-	-
Robert M Mercer 1506 E Lewis Director	2	х						-	-	-
Kurt Y Okumura 1506 E Lewis Director	2	х						-	-	-
Christine L Scott 1506 E Lewis Director	2	x						-	-	-
Cory L Simmons 1506 E Lewis Director	2	x						-	-	-
Elmer R Smith 1506 E Lewis Director	2	x						-	-	-
Xenia M Thomas 1506 E Lewis	2	x						-	-	-

Great Plains United States Bowling Congress, Inc List of Board of Directors As of July 31, 2012

(A)	(B)			(<u> </u>	_		(D)	(E)	(F)
		Ind	Inst			Highly		Reportable	Reportable	Estimated Amt
	Average Hrs	Trstee	Trstee		Key	Comp		Compensation	Compensation	of Other
Name and Title	per Week	Drctr	Drctr	Officer	Empl	Empl	Former	from the Org	from Related	Compensation
Director							1			
Ginger L Trepoy 1506 E Lewis Director	2	x						-	-	-
Doree A Bacerra 1506 E Lewis Youth Director	2	λ						-	<u>.</u>	-
Brent Bowers 1506 E Lewis Youth Director	2	x						-	-	-
Georgia Drewes 1506 E Lewis Youth Director	2	x						-	-	-
Pamela Kester 1506 E Lewis Youth Director	2	×						•	-	-

.

Part	VIII	Statement of Revenu	e					
	. ′				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns .	. 1a					
ra n	b	Membership dues .	1b	50,994				
ي ق	c	Fundraising events .	1c	20,551				
ifts	d	Related organizations .	1d					
פַ פַּ		-	<u> </u>					
Sin	e f	Government grants (contributions) All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts not included	!					
i t								
ont	g	Noncash contributions included in	lines 1a-1f \$		- 0.004			
<u>a</u> C	h	Total. Add lines 1a-1f	<u>•</u>		50,994			
Program Service Revenue				Business Code	,			
, ve	2a	Bingo ((513(f))			8,062	8,062		
R	b	Tournament Revenue			22,491	22,491		
vice	С							
Ser	d							
Ē	е							
gre	f	All other program service i	revenue .					
Pro	g	Total. Add lines 2a-2f .		•	30,553	·		!
***	3	Investment income (inclu	uding divid	lends, interest,				
		and other similar amounts)	▶	19,648	19,648		
	4	Income from investment of ta	ax-exempt b	ond proceeds ▶	<u> </u>			
	5	Royalties	•	▶				
		,	(i) Real	(iı) Personal				
	6a	Gross rents .						
	b	Less: rental expenses		-				
	c	Rental income or (loss)		0				
	d	Net rental income or (loss)		•	0		•	
	7a	<u> </u>	Securities	(ii) Other	U			<u> </u>
	,,,	assets other than inventory		(4) 5 111 6				
	b	Less cost or other basis			Ì			
	D	and sales expenses		-				
	_	Gain or (loss)	0	0				
	c d	Net gain or (loss) .	U		0		- ,	-
	u	Net gain or (loss) .	•		. •			
ne	8a	Gross income from fundra	usina					
	0a	events (not including \$	iisii ig					•
ev		of contributions reported on	line 1c\					•
Other Reven		See Part IV, line 18	•					
the	h	Less direct expenses .	a					
Ò	b	Net income or (loss) from t		`L	0	}	•	~
	с 9а	Gross income from gaming		events . ►	- U			
	Ja	See Part IV, line 19				j	•	
	_	Less direct expenses	· a					
	b	Net income or (loss) from	t too paima sat	´————		1		
	C 100	Gross sales of invent		ivities .	0			
	IVa	returns and allowances	•		İ			
	L		. а					
	b	Less cost of goods sold				-		
	C	Net income or (loss) from s Miscellaneous Revenu		Business Code	0			
	14-	MISCEIIANEOUS REVENU		Dualitesa Code				
	11a							
	b		•					
	2	All other revenue		ļ				
	d		•					
	e 12	Total. Add lines 11a-11d Total revenue. See instruction	ctions		101,195	50.201	-	
	14	i otal revenue. See mstru	บแบบช่ .		101.195	50.2011		İ

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 I11,250 I11,25	Check if Schedule O contains a response to any question in this Part IX										
organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation in cluded above, to disqualified persons (size defined under section 4958(n/38)) and persons described in section 4958(n/38) and persons described above (List Autoritism and persons described above (List Autoritism and persons described above (List Autoritism and persons described above (List miscellaneous described above (List miscellaneous expenses in not 24e If line 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% of line 25, column (A) amounts tall fine 24e amount exceeds 19% o			(A) Total expenses	Program service	(C) Management and general expenses	Fundraising					
2 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, line 25 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation not uncluded above, to disqualified persons (six defined under section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft)) and persons described in section 49580(ft) and persons described in section 49580(ft)) and persons described in section 49580(ft) and persons described in section 49580(ft)) and persons described in section 49580(ft) and persons described	1										
the United States See Part IV, line 22 3		organizations in the United States. See Part IV, line 21			,						
organizations, and individuals outside the United States See Part IV, lines 15 and 16 ### Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation on included above, to disqualified persons (se defined under section 4958(c)(3)(8) Other salaries and wages Penson plan accruais and contributions (include section 490(b) employer contributions) Other employee benefits Payroll taxes 1,536	2		11,250	11,250							
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(1)) and persons (as defined under section 4958(0)(1) and persons (as defined under section 495	3	organizations, and individuals outside the			, , , , , , , , , , , , , , , , , , ,						
persons (as defined under section 4958(p(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 1.536		Compensation of current officers, directors,	20,071		*) \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 1,536 1,536 1,536 1 1 Fees for services (non-employees) a Management b Legal 5,100 5	6	persons (as defined under section 4958(f)(1)) and									
10	8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
Tees for services (non-employees) a Management b Legal c Accounting d Lobbying Professional fundrasing services See Part IV, line 17 f Investment management fees g Other Advertising and promotion Gffice expenses Information technology Information technology Royalties Coccupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Property taxes Website maintenance All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		` '	4 #2 <		4 = 4						
Management b Legal c Accounting c Accounti		· · · · · · · · · · · · · · · · · · ·	1,536		1,536	·····					
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 10,290 10,2		` ' ' '									
c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses Information technology Royalities Royalities Royalities Payments of travel or entertainment expenses for any federal, state, or local public officials Payments to affiliates Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Property taxes Miscellaneous Miscellaneous All other expenses Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising solicitation. Check here ▶ ☐ if		<u> </u>									
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other Advertising and promotion Office expenses 10,290 1		<u> </u>	5 100		5 100						
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 10,290 1	_		3,100		3,100						
Investment management fees Other		· ·		¥ 8:50 83:00 . 5 1	> *						
Other Advertising and promotion Advertising and promotion Office expenses 10,290 10,290 10,290 10,290 110,29											
Advertising and promotion Office expenses 10,290 110,	-	<u> </u>									
13 Office expenses	_										
14		- ·	10 290		10 290						
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Property taxes b Website maintenance c Miscellaneous d Miscell		· · · · · · · · · · · · · · · · · · ·	10,270		10,270						
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 Property taxes 2 Website maintenance 3 3,337 3 3,337 5 Website maintenance 2 1,954 6 Miscellaneous 2 21 7 221 7 221 7 3 3,337 7 3,337 8 3,337 8 3,337 9 3,3		<u> </u>									
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Property taxes Property taxes Miscellaneous Miscellaneous Miscellaneous All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Jayse 47,890 47,890 47,890 47,890 3,187 3,187 3,187 3,387 3,337 3,337 3,337 3,337 3,337 3,337 3,337 3,337 5,954 1,954 111,046 59,140 51,906		· · ·	5.253		5.253	·.··					
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Property taxes Property taxes Signal And All Content expenses Miscellaneous Protection And All Content expenses All Charges All Charges Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaging and fundraising solicitation. Check here ▶ ☐ If		· · · · · · · · · · · · · · · · · · ·	3,230		3,235						
for any federal, state, or local public officials 19		₽									
Interest Payments to affiliates											
Interest Payments to affiliates	19	Conferences, conventions, and meetings	47,890	47,890							
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Property taxes Separation Website maintenance Tight and the property taxes Miscellaneous Pank charges All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Insurance 3,187 3,187 3,187 3,187 3,187 3,187 48 893 49 40 40 41 41 41 42 42 43 44 44 45 46 46 46 46 46 46 46		· .	, -	,							
Depreciation, depletion, and amortization Insurance		Payments to affiliates									
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Property taxes b Website maintenance c Miscellaneous d Bank charges e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Property taxes b Website maintenance c Miscellaneous d Bank charges e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if	23	Insurance			893						
(A) amount, list line 24e expenses on Schedule O.) a Property taxes b Website maintenance c Miscellaneous d Bank charges e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	24	above (List miscellaneous expenses in line 24e If									
a Property taxes b Website maintenance c Miscellaneous d Bank charges e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				· ,	· · · · · · · · · · · · · · · · · · ·	· 3.1					
b Website maintenance c Miscellaneous d Bank charges e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_	· · · · · · · · · · · · · · · · · · ·	2 227	* .	2 225	· ·					
c Miscellaneous d Bank charges e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_										
d Bank charges 64 64 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 111,046 59,140 51,906 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			04		04						
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			111 046	50 1/0	51 QAK						
		Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	111,040	37,140	51,900						

Part X **Balance Sheet** (A) (B) Beginning of year End of year 120,116 1 1 Cash—non-interest-bearing 110,849 26,152 2 2 Savings and temporary cash investments 26,417 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 7 Notes and loans receivable, net . . . 8 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 9 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 123,390 10b 49,052 77,526 Less: accumulated depreciation . 10c b 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets . . 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 223,794 16 211,604 17 Accounts payable and accrued expenses 5,671 17 18 Grants payable . . 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 5,671 Organizations that follow SFAS 117, check here ▶ ☐ and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 218,123 27 208.272 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 208,272 33 Total net assets or fund balances . . . 218,123 33 Total liabilities and net assets/fund balances 223,794 211,604 34

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		10	1,195
2	Total expenses (must equal Part IX, column (A), line 25)			1,1 <i>1</i> 5
3	Revenue less expenses. Subtract line 2 from line 1			9,851
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			8,123
5	Other changes in net assets or fund balances (explain in Schedule O)			0,123
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
Ū	column (B))		20	8,272
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990	- n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a	x	, ,
b	Were the organization's financial statements audited by an independent accountant?	2b	1	x
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.	е		ا در
	Separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?	n 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		+	\ <u>^</u>
·	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	- 1	m 990) (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number Name of the organization Great Plains United States Bowling Congress, Inc. 20-3402042 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 331/3% 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.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 **b** Type II c Type III-Functionally integrated 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) 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 . 🗆 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (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(m) Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (Iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes Nο (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Total

Part	Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)((vi)
•	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III)	
	on A. Public Support	1	T	T	T	1	
	dar 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")						
2							
2	Tax revenues levied for the organization's benefit and either paid		ľ				
	to or expended on its behalf						
3	The value of services or facilities	-	 		<u> </u>		
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3 .		i				
5	The portion of total contributions by			*	1.1.1.	, â.	
•	each person (other than a	* • •	1	, · · · · · · · · · · · · · · · · · · ·			
	governmental unit or publicly	ĺ,	Dae is U			, , ,	
	supported organization) included on				2 1 2 2	***	
	line 1 that exceeds 2% of the amount					10 % 1	
	shown on line 11, column (f)					X 3	
6	Public support. Subtract line 5 from line 4			,		3 47	
	on B. Total Support		T			· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar		1				
	sources						
9	Net income from unrelated business						
	activities, whether or not the business				ļ		
	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	-1. 1 · 1. May (1 · 1	À 3 23	* \ }	() ()	* **	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the				or fifth tax yea	ar as a section	501(c)(3)
Coot	organization, check this box and stop he			• • • •	· · ·	• •	🕨 📋
<u>3ecti</u>	on C. Computation of Public Support Public support percentage for 2011 (line 6)		·	1 column (f)	· · · · · · · · · · · · · · · · · · ·	44	0/
15	Public support percentage for 2011 (line of Public support percentage from 2010 Sch		•	r, column (i))	• •	14	<u>%</u>
16a				on line 13, and	1 line 14 is 331		
	hey and atom have. The exemination multifles as a multifles are multifles as a multifle as a multifl						
b							
	check this box and stop here. The organ	ıızatıon qualıfie	s as a publicly	supported orga	anization .		▶ □
17a							
	10% or more, and if the organization me	ets the "facts-a	and-circumstan	ces" test, chec	k this box and	stop here. Ex	kplain in
	Part IV how the organization meets the "fa	acts-and-cırcuı	mstances" test	The organizat	tion qualifies a	s a publicly sup	ported
	organization		•				▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m			ances" test. Th	e organization	qualifies as a p	publicly
10	supported organization	d not abook a l	hay an lina 12			4L. L.	▶ 🗆
18	Private foundation. If the organization di instructions	u noi check a l	oox on line 13,	10a, 10b, 1/a,	, or 17b, check	triis box and se	ee 🕨 🦳

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.)

	if the organization falls to qualify	under the tes	sts listed belo	w, please cor	npiete Part II	<u>)</u>	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar 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")	53,671	48,315	46,267	53,229	50,994	<u>252,476</u>
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	49,669	46,275	66,969	46,205	30,553	239,671
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 .	103,340	94,590	113,236	99,434	81,547	492,147
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	100,040	, 1, 550	110,200	22,101	01,547	472,147
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						
С	Add lines 7a and 7b .						
8	Public support (Subtract line 7c from line 6)						492,147
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	103,340	94,590	113,236	99,434	81,547	492,147
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	41,538	27,842	27,636	21,328	19,648	137,992
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	41,538	27,842	27,636	21,328	19,648	137,992
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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rikan.	, , , , , , , , , , , , , , , , , , ,		630,139
14	First five years. If the Form 990 is for the organization, check this box and stop he		's first, second	i, third, fourth,	or fifth tax yea	ar as a section	
Secti	on C. Computation of Public Support	rt Percentag	e		-		
15	Public support percentage for 2011 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	78.10 %
16	Public support percentage from 2010 Sch		•			16	76.92 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2011 (y line 13, colur	nn (f)) .	17	21.90 %
18	Investment income percentage from 2010					18	23.08 %
19a	331/3% support tests—2011. If the organ						
	17 is not more than 3318%, check this box a		_	-		-	سيب
b	331/3% support tests—2010. If the organi						•
	line 18 is not more than 3318%, check this t		_	•		•	_
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, cl	heck this box a	ind see instructi	ons ▶ 🗀

Page	4
raue	-

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

Schedule D (Form 990) 2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

Great	Plains United States Bowling Congress,			20-340			
Pari	Organizations Maintaining Donor A organization answered "Yes" to Form		ther Similar Fu	ınds or A	ccou	nts. Complete if th	те
		(a) Donor advised	d funds	(t) Funds	and other accounts	
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year) .	_ ::					
	Aggregate value at end of year					1	
	Did the organization inform all donors and do funds are the organization's property, subject to	•	•		onor a] No
6	Did the organization inform all grantees, donor only for charitable purposes and not for the be	s, and donor advisors	in writing that g	rant funds		e used	
	conferring impermissible private benefit?						No
Part				to Form	1990,	Part IV, line 7	
2	Purpose(s) of conservation easements held by t Preservation of land for public use (e g , rec Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	reation or education)	☐ Preservation☐ Preservation	of a certifi	ied hist	toric structure	ι
	easement on the last day of the tax year.			p	· ,		
					He	ld at the End of the Tax	Year
а	Total number of conservation easements	•	•	⊢	2a		
b	Total acreage restricted by conservation easem		· · · · · · ·	<u> </u>	2b		
C	Number of conservation easements on a certific		, ,	·	2c		
d	Number of conservation easements included	in (c) acquired after	8/1//06, and no				
_	historic structure listed in the National Register				2d		41
3	Number of conservation easements modified, to tax year ▶	ransterred, released, e	xtinguisnea, or te	erminateo	by the	organization during	tne
4 5	Number of states where property subject to condess the organization have a written policy violations, and enforcement of the conservation	regarding the period		nspection,	handl] No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enfo	rcing conservation	on easeme	nts du	ring the year	
7	Amount of expenses incurred in monitoring, ins	pecting, and enforcing	conservation ea	sements o	luring t	he year	
8	Does each conservation easement reported on (i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy	the requirement	s of sectio	n 170(l		No
9	In Part XIV, describe how the organization repobalance sheet, and include, if applicable, the teorganization's accounting for conservation easi	xt of the footnote to the ements.	e organization's	financial si	tateme	nts that describes th	1e
Part	Organizations Maintaining Collectic Complete if the organization answers				Simila	r Assets.	
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim- public service, provide, in Part XIV, the text of t	ular assets held for p	ublic exhibition,	education	, or re	search in furtheranc	
b	If the organization elected, as permitted unde works of art, historical treasures, or other simpublic service, provide the following amounts re	ular assets held for p					
	(i) Revenues included in Form 990, Part VIII, lin	e 1			•	\$	
	(ii) Assets included in Form 990, Part X	e 1 		•	>	\$	
2	If the organization received or held works of following amounts required to be reported under	art, historical treasure	es, or other simi	lar assets	for fin	ancial gain, provide	: the
а	Revenues included in Form 990, Part VIII, line 1	•			•	\$	
b	Assets included in Form 990, Part X				>	\$	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part		Collections of	<u>Art, Hist</u>	torical 1	Treasures, c	or Oth	<u>ner Similar As</u>	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and ot	her recor	ds, chec	k any of the	follow	ing that are a s	ignificant use of its
а	☐ Public exhibition		d	□ Loa	an or exchang	je prog	grams	
b	☐ Scholarly research		е	□ Oth	ner			
C	☐ Preservation for future generation							
4	Provide a description of the organizat	ion's collections a	and expla	ain how t	hey further th	ne orga	anization's exer	npt purpose in Part
	XIV.							
5	During the year, did the organization							ar
	assets to be sold to raise funds rather							☐ Yes ☐ No
Part	line 9, or reported an amoun				janization ar	nswer	ed "Yes" to Fo	orm 990, Part IV,
1a	Is the organization an agent, trustee,				or contributio	ns or	other assets no	ot
	included on Form 990, Part X? .	•		•	•		•	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the fo	llowing t	able			
							A	mount
С	Beginning balance	•				1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour		art X, line	21?				☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Comple		1					
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .							
b	Contributions		<u> </u>					
С	Net investment earnings, gains, and							
	losses		<u> </u>					
d	Grants or scholarships							· · · ·
е	Other expenditures for facilities and				•			
	programs							372
f	Administrative expenses							1
9	End of year balance		l		1 ()			
2	Provide the estimated percentage of the	ne current year en	d balance	e (line 1g	, column (a))	neid a	IS	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	%	00/					
3a	Are there endowment funds not in the			ation the	at are held an	d adm	unistered for the	•
Ja	organization by	possession or un	c organiz	auon me	it are new an	a aan	minotored for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations		•				• •	3a(ii)
ь	If "Yes" to 3a(ii), are the related organi	zations listed as r	enuired o	n Sched	ule R?	•	•	3b
4	Describe in Part XIV the intended uses					•	·	
Part								
	Description of property	(a) Cost or ot (investm	ther basis	(b) Cost	or other basis other)		Accumulated preciation	(d) Book value
1a	Land		6,650	-				6,650
b	Buildings		103,542				37,168	66,374
C	Leasehold improvements		,					
d	Equipment		13,198				11,884	1,314
е	Other	_						
Total.	Add lines 1a through 1e. (Column (d) I	nust equal Form 9	990, Part	X, colum	n (B), line 10((c))	. ▶	74,338

Part VII	Investments—Other Securities	. See Form 990, Part X	, line 12.	
. (a	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial				
	neld equity interests			
				
(A)				
(B)				
(C)			- 	
(D)				
(E)				W
(F) (G)				
(H)				
(1 1) (l)				
	b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related	1 See Form 990 Part)	X line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	a) beachpool of investment type	(5) 500% 12.30	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13) ►		*	
Part IX	Other Assets. See Form 990, Pa			(h) D1 -h
	(1	a) Description		(b) Book value
_(1)				
(2)				<u> </u>
(3)				
(4)				
(5)				•
(6)				.
(7)				
<u>(8)</u> <u>(9)</u>				· · · · · · · · · · · · · · · · · · ·
(10)				
Total. (Colu	ımn (b) must equal Form 990, Part X, c	ol (B) line 15)		·
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		=7	1
(2)				
(3)			7	
(4)				
(5)				
(6)				
(7)			_	
(8)			_	
(9)				
(10)			_	
(11)			_	
	(b) must equal Form 990, Part X, col (B) line 25) ▶			
	SC 740) Footnote. In Part XIV, provide		o the organization's financial statem	ents that reports the
organizatioi	n's liability for uncertain tax positions u	inder FIN 48 (ASC 740)		

Par		Audited Financial Statem	ients
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net) Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	10
Part			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	•
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	-
	Recoveries of prior year grants	2c	-
G	Other (Describe in Part XIV.)	2d	-
d	Add lines 2a through 2d	24	- ₂₂
e	-	•	2e 3
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIV)	4b	
_C	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part		ments With Expenses p	er Return
1	Total expenses and losses per audited financial statements .		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	,
а	Donated services and use of facilities	2a	_ ´
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
е	Add lines 2a through 2d	• •	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	7
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 18)	5
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XII		
	Iditional information	•	
-			

Schedule D (For	rm 990) 2011	Page 9
Part XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number				
Great Plains United States Bowling Congress, Inc.	20-3402042				
Form 990 - Part VI - Question 11(a) - the management of the Organization approve of the form 990 prior					
Form 990 - Part VI - Question II(a) - the management of the Organization	approve of the form 990 prior				
to its filing.					
Form 990 - Part VI - Question 12(c) - the Organization ensures on an annua	al basis the compliance regarding no				
onflicts of interest with all officers, directors and key employees - the Organization requires written disclosure					
commets of interest with an officers, directors and key employees - the orga	inization requires written disclosure				
and review of any conflicts.					
Form 990 - Part VI - Question 19 - the Organization makes its governing de	ocuments, conflict of interest policy,				
and financial statements available to the public upon request.					
una insurent outcome de la companya					

Name of the organization	Employer identification number
Great Plains United States Bowling Congress, Inc.	20-3402042
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