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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,

OMB No 1545-1150

Open to Public Inspection

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 Department of the Treasury Internal Revenue Service 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

Α	For the	2011 calenda	ır year, or tax year beginning	September 1 , ;	2011, and ending	August	31 , 20 12		
В	Check if ap	oplicable	C Name of organization			D Employer ide	entification number		
	Address change The National Bowling Association Juniior Program and Scholar				ship Program, Inc.	13-3028697			
닏	Name cha	_	E Telephone nu	mber					
H	Initial retui		7463 N. Marblehead Road			33	0-528-0436		
d	Amended	-	City or town, state or country, and ZIP + 4			F Group Exer	nption		
	Applicatio		Hudson, OH 44236			Number •	·		
G	Account	ting Method	✓ Cash) ▶	Н С	check 🕨 🗹 if	the organization is not		
1	Websit	te: ▶				•	ich Schedule B		
J	Tax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🗌 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	Form 990, 990	-EZ, or 990-PF)		
K	Check ▶		organization is not a section 509(a)(3) supp						
			D. A Form 990-EZ or Form 990 return is not	_	0-N (e-postcard) may	be required (see instructions). But if		
	•		ses to file a return, be sure to file a comple		mara ar if tatal accets	(Dort II			
			b, to line 9 to determine gross receipts. If gros		more, or ir total assets	(Part II,			
_			w) are \$500,000 or more, file Form 990 instead		· · ·	notructions	for Dort I \		
L	Part I		e, Expenses, and Changes in Ne						
	14		the organization used Schedule O to				<u> </u>		
	1 2		ons, gifts, grants, and similar amounts i ervice revenue including government fo						
	3		ip dues and assessments	ces and contracts .		3	700		
	4	Investmen				4			
	5a		unt from sale of assets other than inve	entory	5a	• • •	-		
	ь		or other basis and sales expenses.	•	5b				
	c		ss) from sale of assets other than inver			5c	۶		
	6	-	d fundraising events	, (
	а	-	ome from gaming (attach Schedule	G if greater than					
4	3	\$15,000)			6a				
Revenue	Ь	Gross inco	me from tundralsing exemts (not includ	ting \$	of contributions	;			
á	[from fundr	aisino events reported on line 1) (atta	ch Schedule G if the					
	-	sum of suc	h gross income and contributions exc	eeds \$15,000)	6b				
	c		t expenses from gaming aជ្ឈា fundraisi		6c				
	d	- /1	e or (loss) from garding and fundraisi	ng events (add lines 6	ia and 6b and sub	tract			
`	1	line 6c)				• 6d			
))	7a	Gross sale	s ff (ventory ness returns and allowar	nces	7a		4		
>	b	Less: cost	or goods sold		7b				
2	C	-	it or (loss) from sales of inventory (Sub			· · 7c			
	8		nue (describe in Schedule O)			8	36,895		
اردِ	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar			. 9	12,700		
ጋ } } }	11		l similar amounts paid (list in Schedule aid to or for members	•		· 1			
=1			ther compensation, and employee ben						
က်	13		al fees and other payments to indeper						
©© ⊎ % . Exnenses	14		y, rent, utilities, and maintenance .				۲		
න ද් මුදුම්	15		ublications, postage, and shipping.				243		
3	16		enses (describe in Schedule O)				13,313		
	17		enses. Add lines 10 through 16				26,256		
	40	Excess or	(deficit) for the year (Subtract line 17 fr	rom line 9)		18	10639		
ą	19		or fund balances at beginning of ye						
Q C C	É		ır figure reported on prior year's return				75,195		
Not Accote	20	Other char	nges in net assets or fund balances (ex	plain in Schedule O) .		20			
Z	21	Net assets	or fund balances at end of year. Com	bine lines 18 through 2	0	. ▶ 21	85,834		

om 9	90-EZ (2011)					Page Z
Par	t II Balance Sheets. (see the instructions for	or Part II.)				
	Check if the organization used Schedule (to respond to any	y question in this		<u></u>	<u> ` </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[75,195	22	85 , 834
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column (B) must agree with	line 21)		27	85,834
Pari	Statement of Program Service Accomp	lishments (see the	instructions for	Part III.)		Expenses
	Check if the organization used Schedule (O to respond to an	y question in this	Part III	íRea	uired for section
What	is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplisi	nments for each of	its three largest	program services.		inizations and section 7(a)(1) trusts; optional
as m	leasured by expenses. In a clear and concise ma	inner, describe the	services provide	d, the number of		others)
	ons benefited, and other relevant information for each			 	-	
28	Scholarships (11) Book Stipend					1
					1	1
	(Grants \$) If this amount i	ncludes foreign gra	nts check here	▶ □	28a	12,700
29	<u> </u>				1	4
LJ						
					1	
	(Grants \$) If this amount i	ncludes foreign gra	nts, check here	▶ □	29a	<u>.</u>
30		<u> </u>				
	(Grants \$) If this amount i	ncludes foreign gra	nts, check here	▶ 🔲	30a	9
31	Other program services (describe in Schedule O)					-
		ncludes foreign gra	nte chack hara	▶ 🗔	31a	al
32	Total program service expenses (add lines 28a t	hrough 31a)			32	12,700
	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total program servic	hrough 31a)	h one even if not co	▶ mpensated. (see the	32	12,700
	Total program service expenses (add lines 28a t	hrough 31a) Employees. List eac O to respond to ar	h one even if not cony ny question in this	mpensated. (see the s Part IV	32 instru	12,700
	Total program service expenses (add lines 28a to total program service expenses (add lines 28a to total program service expenses (add lines 28a to total program service expenses (add lines 28a total program	hrough 31a) Employees. List eac O to respond to ar (b) Title and average	h one even if not cony question in this (c) Reportable compensation	mpensated. (see the s Part IV (d) Health benefits, contributions to emplo	instru	t 12,700 uctions for Part IV.)
	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total program servic	hrough 31a) Employees. List eac O to respond to ar	h one even if not cony question in this (e) Reportable compensation (Forms W-2/1099-MIS	mpensated. (see the s Part IV	32 instru	12,700 uctions for Part IV.)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			$^{\circ}$
	manuchions for Fart v., Officer in the organization used Schedule O to respond to any question in this	, ait	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		~
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		>
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		~
c 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 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	35b 35c		>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b) (>
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	38a		
b	section 4911 ▶; section 4912 ▶; section 4955 ▶ 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		V
c d	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			
е	reimbursed by the organization			
41	transaction? If "Yes," complete Form 8886-T	40e	L	<i>\</i>
42a	The organization's books are in care of ▶ Telephone no. ▶			
	710 . 4 %			~
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
-	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ □
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	Yes	No 🗸
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	~
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-F7 (see instructions)	ACL		
	Form 990-EZ (see instructions)	45b	┗	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13_3028697

Inspection to the second secon

			or Program and Scholar						<u>3028697</u>		
Par			rity Status (All orga						nstructio	ns.	
	•	•	tion because it is: (Fo		-		-		_		
1	——————————————————————————————————————										
2						4:4	70/51/41/	A1("")			
3			spital service organiza						\\\\4\\A\\	(iii) Entarthe	
4	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	•		the benefit of a colleg	e or uni	versity o	wned or	operated	by a go	vernment	al unit descr	ibed in
•)(1)(A)(iv). (Com		30 0. u.			0,00.0.00	2, a go		u. u 2555.	
6			nment or government	al unit de:	scribed in	n section	170(b)(1)(A)(v).			
7			receives a substantia						nt or from	n the general	public
	_	-	(A)(vi). (Complete Par								
8	☐ A community t	rust described ii	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	art II.)					
9	An organizatio	n that normally	receives: (1) more tha	an 331/3%	of its su	upport fro	om contri	butions,	members	hip fees, and	d gross
	•		d to its exempt funct		-						
			nt income and unrel						n 511 ta:	x) from busi	nesses
		-	fter June 30, 1975. Se					•			
10	•	_	operated exclusively		-	-					10
11			nd operated exclusive dicly supported organ								
			describes the type of								ecuon
	a Type I	b 🗆				ionally in	•			Type III-Ot	her
е	,,		that the organization			-	-	v bv one	-		
_			ers and other than one								
	or section 509	(a)(2).									
f	If the organization	ation received a	a written determination	on from	the IRS	that it is	a Type	I, Type I	II, or Typ	e III suppor	ting
	•										. 🗆
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	iny of the)		
			ndirectly controls, eitl							nd Ye	s No
			ody of the supported	_						11g(i)	
			on described in (i) abo							11g(ii)	
			a person described in							11g(iii)	
h			on about the support			1		1		4.13.4	-4 -4
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		ls the tion in col	(vii) Amour	
	v		above or IRC section	governing document?			of your port?		zed in the S?		Ð
			(see instructions))	Yes	No	Yes	No	Yes	No		
							 				
(A)											
(B)											
					ļ			ļ			
(C)							1				
(D)											
(E)											
									<u> </u>		
Tota	1		1	1							

Sched	ule A (Form 990 or 990-EZ) 2011						 P a ge 2
Par	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	i)
Sect	ion A. Public Support						
Cale	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					,	ņ
6	Public support. Subtract line 5 from line 4				-		
Sect	ion B. Total Support		<u> </u>		•	,	
Cale	ndar 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 sources						

	rents, royalties and income from similar sources	
9	Net income from unrelated business activities, whether or not the business siregularly carried on	_
10	Other income. Do not include gain or oss from the sale of capital assets Explain in Part IV.)	_
11	Total support. Add lines 7 through 10	_
12	Gross receipts from related activities, etc. (see instructions)	_
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	prganization, check this box and stop here	_
	n C. Computation of Public Support Percentage	_
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f) 14 %	_
15	Public support percentage from 2010 Schedule A, Part II, line 14	6
16a	331/3% support test – 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	_
	pox and stop here. The organization qualifies as a publicly supported organization	
b	331/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	_
	-	لـ
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	7
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	_

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	•	• • • • • • • • • • • • • • • • • • • •
(Complete only	y if you checked th	e box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organizat	tion fails to qualify	under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the tes	sis listed beid	w, please co	Jilipiele Fait	11.7	
	on A. Public Support	(-) 0007	(L) 0000	(-) DODO	(4) 0010	(2) 0011	(6) T-1-1
_	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.")	14,695	14,877	32,915	14,710	36,895	114,092
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						c
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	14,695	14,877	32,915	14,710_	36,895	114,092
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			=			
С	Add lines 7a and 7b	14,695	14,877	32,915	14.710	36,895	114,092
8	Public support (Subtract line 7c from line 6.)						114,092
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	14,695	14,877	32,915	14,710_	36,895	114,092
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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.)	14,695	14,877	32,915	14,710	36,895	114,092
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, second				
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2011 (line		-				1 %
16	Public support percentage from 2010 Sch				· · · · · · · · · · · · · · · · · · ·	16	1 %
	on D. Computation of Investment In		_			···	
17	Investment income percentage for 2011 (-		17	<u>%</u>
18 19a	Investment income percentage from 2010 331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, a	ınd line 15 is n		
b	331/2% support tests—2010. If the organization 18 is not more than 331/2%, check this	zation did not c	heck a box on	line 14 or line	19a, and line 10	6 is more than	33 ¹ /3%, and
20	Private foundation. If the organization di	-	_	-			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization	Employer identification number
The National Bowling Association Junior Program and Scholarship Program, Inc.	13-3028697
990-EZ - Part I	
Line 10 - Scholarships (11) Book Stipends (13)	
Line 16 - Travel / Conference Calls / Meetings / Condolence / Supplies / Bank Charges	
• • • • •	
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	-
••••••••••••••••••••••••••••••••••••	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	•••••