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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C

Name of organization

NEBRASKA STATE BOWLING PROPRIETORS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

621 SIX FLAGS DRIVE

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

ARLINGTON, TX 76011

D

Employer identification number

47-0611092

E

Telephone number

(308) 452-3101

F

Group Exemption Number

7004

G Accounting Method

☐ Cash

☒ Accrual

Other (specify) \_\_\_\_\_

H

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

I Website:

WWW.BOWLNEBRASKA.NET

J Tax-exempt status

(check only one)—

☐ 501(c)(3)

☒ 501(c)( 6)

(insert no )

☐ 4947(a)(1)

☐ 527

K

Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L

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

\$ 69,478

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	41,001
	3	Membership dues and assessments	19,658
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	5c
	5b	Less cost or other basis and sales expenses	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	6d
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
Expenses	5c		
	6b		
	6c		
	6d		
	7a		7c
	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	8,819
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	69,478
	10	Grants and similar amounts paid (list in Schedule O)	20,000
Net Assets	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	3,000
	13	Professional fees and other payments to independent contractors	1,020
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	413
	16	Other expenses (describe in Schedule O)	47,210
	17	Total expenses. Add lines 10 through 16	71,643
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-2,165
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	88,512
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	86,347

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	97,404	22	92,918
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,719	24	6,872
25 Total assets	102,123	25	99,790
26 Total liabilities (describe in Schedule O)	13,611	26	13,443
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,512	27	86,347

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
THE PURPOSE OF THE ORGANIZATION IS TO DEVELOP AND PROTECT BOWLING IN THE STATE OF NEBRASKA AS A BUSINESS, SPORT, AND RECREATIONAL ACTIVITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 BOWLING PROPRIETORS ASSOCIATION HELD PROMOTIONAL TOURNAMENTS FOR ADULTS IN NEBRASKA  
(Grants \$ 0) If this amount includes foreign grants, check here

28a0

29 BOWLING PROPRIETORS ASSOCIATION CONDUCTED EDUCATIONAL AND SCHOLARSHIP TOURNAMENTS FOR THE YOUTH OF NEBRASKA. SCHOLARSHIPS WERE PROVIDED IN THE AMOUNT OF \$20,000  
(Grants \$ 0) If this amount includes foreign grants, check here

29a0

30  
  
(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2012)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
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	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> BOWLING PROPRIETORS ASSOC Telephone no <input type="checkbox"/> (817) 649-5105 Located at <input type="checkbox"/> 621 SIX FLAGS DRIVE ARLINGTON, TX ZIP + 4 <input type="checkbox"/> 76011		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43		
		Yes	No
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	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000 . . . . .	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-05-03 Date				
	OFFICER OFFICER Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature KARI JENSEN CPA	Date 2013-05-03	Check <input type="checkbox"/> if self-employed	PTIN P01230655	
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 8215 GREENWAY BOULEVARD SUITE 600 MIDDLETON, WI 53562				Phone no (608) 662-8600	
May the IRS discuss this return with the preparer shown above? See instructions . . . . .						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
NEBRASKA STATE BOWLING PROPRIETORS ASSOCIATION**Employer identification number**

47-0611092

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION REVENUE SHARING AMOUNT 8,819
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME SMART BOWLING SCHOLARSHIP FUNDING CORPORATION AFFILIATE ADDRESS 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 PURPOSE OF PAYMENT IFT TOURNAMENT SCHOLARSHIPS AMOUNT OF PAYMENT 8,000
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME SMART BOWLING SCHOLARSHIP FUNDING CORPORATION AFFILIATE ADDRESS 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 PURPOSE OF PAYMENT STAR OF TOMORROW SCHOLARSHIPS AMOUNT OF PAYMENT 12,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 1,766 DESCRIPTION MEETINGS AMOUNT 5,379 DESCRIPTION OFFICE EXPENSE AMOUNT 1,027 DESCRIPTION MISCELLANEOUS AMOUNT 1,203 DESCRIPTION TEAM CHALLENGE TOURNAMENT EXPENSE AMOUNT 17,441 DESCRIPTION INTERNATIONAL FAMILY TOURNAMENT AMOUNT 12,079 DESCRIPTION MANAGEMENT FEES AMOUNT 6,000 DESCRIPTION TRAVEL AMOUNT 1,114 DESCRIPTION BOWLING'S US OPEN EXPENSE AMOUNT 1,201 TOTAL TO FORM 990-EZ, LINE 16 47,210
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,719 END OF YEAR AMOUNT 5,297 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,575
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,868 END OF YEAR AMOUNT 290 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 11,743 END OF YEAR AMOUNT 13,153

## TY 2012 Transfers Personal Benefits Contracts Declaration

**Name:** NEBRASKA STATE BOWLING PROPRIETORS ASSOCIATION

**EIN:** 47-0611092

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

Additional Data

Software ID:  
Software Version:  
EIN: 47-0611092  
Name: NEBRASKA STATE BOWLING PROPRIETORS  
ASSOCIATION

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TERRY SYNOVEC PRESIDENT	1 00	0	0	0
SANDY EIKMEIER VICE PRESIDENT	1 00	0	0	0
BOB DAVIS SECRETARY/TREASURER	1 00	0	0	0
SEAN DOYLE DIRECTOR	1 00	0	0	0
JOHN ECKHOLT DIRECTOR	1 00	0	0	0
BERNIE EIKMEIER DIRECTOR	1 00	0	0	0
JOHN LOSITO SGT AT ARMS	1 00	0	0	0
DONALD HERVERT DIRECTOR	1 00	0	0	0
STEVE SEMPECK PAST PRESIDENT/DIRECTOR	1 00	0	0	0
CORRINE HAIAR DIRECTOR	1 00	0	0	0
JACK LUNDGREN DIRECTOR	1 00	0	0	0
TERRY FREDRICKSON DIRECTOR	1 00	0	0	0