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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

Open to Public

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)

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.

Inspection

Α	For the	e 2012 calend	, 20							
В	Check if ap	pplicable	ar year, or tax year beginning , 2012, and ending C Name of organization		D E	imployer identification number				
	Addres	ss change								
	Name	change	KANSAS STATE BOWLING PROPRIETORS ASSOCIATION		48	-0679348				
	Initial	return		E Telephone number						
	Termin	nated	%MARY THURBER, PO BOX 779		91	3-638-1817				
	Amend	ded return		F Group Exemption						
	Applica	ation pending		Number >						
G	Accoun	nting Method	Cash X Accrual Other (specify) ▶ H (Check		if the organization is not				
1.1	Websit	te: ► N/A		require	uired to attach Schedule B					
J	Tax-exem check only	npt status v one) -	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	(Form !	rm 990, 990-EZ, or 990-PF)					
	Check		ganization is not a section 509(a)(3) supporting organization or a section 527 organization	ion and	d its (gross receipts are normally				
			A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)			•				
		· ·	s to file a return, be sure to file a complete return	•		,				
L	Add lines	s 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,							
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	82,904.00				
	art I	Revenue, E	xpenses, and Changes in Net Assets or Fund Balances (see t	he in:	struc	ctions for Part I)				
		Check if the	organization used Schedule O to respond to any question in this Part	1						
	1		gifts, grants, and similar amounts received		1					
	2		ce revenue including government fees and contracts	• • ⊢	2	30,638.00				
	3	Membership d	lues and assessments	–	3	25,650.00				
	4		come		4	968.00				
	5 a		from sale of assets other than inventory 5a			200.00				
	b		other basis and sales expenses							
	c		from sale of assets other than inventory (Subtract line 5b from line 5a)	─	5c					
	6		undraising events	· · -						
	а	•	from gaming (attach Schedule G if greater than			DECENTED				
ne	-		6a			RECEIVED				
en	ь		from fundraising events (not including \$ of contributions			O Ann 1 P ages				
Revenue			ng events reported on line 1) (attach Schedule G if the			APR 1 5 2013				
_			pross income and contributions exceeds \$15,000) 6b		l	3				
	C	_	kpenses from gaming and fundraising events 6c			OCOCOL				
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		OGDEN, UT				
			•••••		6d					
	7 a		f inventory, less returns and allowances	· · F						
	ь		joods sold 7b							
	C		r (loss) from sales of inventory (Subtract line 7b from line 7a)	\Box :	7c					
	8		e (describe in Schedule O)	- 1	8	25,648.00				
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	82,904.00				
	10		milar amounts paid (list in Schedule O)		10					
	11	Benefits paid	to or for members	[·	11					
S	12	Salaries, othe	r compensation, and employee benefits		12	50,400.00				
nsŧ	13		ees and other payments to independent contractors		13	322.00				
Expenses	14		ent, utilities, and maintenance		14					
ũ	15	Printing, publi	cations, postage, and shipping	[-	15 2,547.0					
	16		es (describe in Schedule O)		16	71,043.00				
	17	Total expens	ses. Add lines 10 through 16		17	124,312.00				
	18		ficit) for the year (Subtract line 17 from line 9)		18	41,408.00				
set	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree wi	ith						
Assets			gure reported on prior year's return)		<u>19 </u>	146,268.00				
Net	20	Other change	s in net assets or fund balances (explain in Schedule O)	[:	20					
z	21	Net assets or	fund balances at end of year. Combine lines 18 through 20	▶ :		104,860.00				

orm	990-	ΕZ	(2012)	

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	rt II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to re	ocpord to only a	raction in this Dort II			
	Check if the organization used Schedule O to re-	espond to any qu	(A) Beginning of year			
22	Cash, savings, and investments		146,268	.00 22		104,860.00
23	Land and buildings			23		2017000.00
24	Other assets (describe in Schedule O)			24		
25	Total assets		146,268	. 00 25		104,860.00
26	Total liabilities (describe in Schedule O)			26		
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)	146,268	00 27		104,860.00
Pa	rt III Statement of Program Service Accomplishme			_	Ex	penses
	Check if the organization used Schedule O to resp	oond to any ques	tion in this Part III		equired fo	
	at is the organization's primary exempt purpose?			— I a.a		d 501(c)(4) s and section
	cribe the organization's program service accomplishments neasured by expenses. In a clear and concise manner, de			5, 1 404		rusts, optional
	sons benefited, and other relevant information for each prog		s provided, the number	for	others)	
28	· · · · · · · · · · · · · · · · · · ·		•		1	
					}	
					}	
	(Grants \$) If this amount includ	es foreign grants, ch	eck here			
29						
	(Grants \$) If this amount include		eck here	29a		
30						
					:	
	(Grants \$) If this amount includ	es foreign grants, ch	eck here	30a	1	
31	Other program services (describe in Schedule O)					
			eck here ▶	31a		
32	Total program service expenses (add lines 28a through 31a)			▶ 32		
Pa	rt IV List of Officers, Directors, Trustees, and Key Empl	oyees List each o	ne even if not compensat	ted (see t	the instruc	ctions for Part IV)
	Check if the organization used Schedule O to response	ond to any question	n in this Part IV			
	(a) Norman and Ada	(b) Average	(C) Reportable	(d) Healti	h benefits	(e) Estimated amount of
	(a) Name and title	hours per weel	compensation (Forms W-2/1099-MISC)	(d) Healti contributions benefit p	s to employee lans, and	(e) Estimated amount of other compensation
	···	hours per weel devoted to positi	compensation (Forms W-2/1099-MISC)	(d) Healti contributions benefit p	s to employee	
	RY_THURBER	hours per weel	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX	RY THURBER ECUTIVE DIRECTOR	hours per weel devoted to positi	compensation (Forms W-2/1099-MISC)	(d) Healti contributions benefit p	s to employee lans, and	
EX BR	RY_THURBER_ ECUTIVE_DIRECTOR ENT_BOWERS	hours per weel devoted to positi	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX BR AS	RY_THURBER_ ECUTIVE DIRECTOR ENT_BOWERS_ SISTANT	hours per weel devoted to position 4 0	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX BR AS TY	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN	hours per weel devoted to positi	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX BR AS TY PR	RY_THURBER ECUTIVE_DIRECTOR ENT_BOWERS SISTANT LER_HERREMAN ESIDENT	hours per weel devoted to positi 40 PART PART	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA:	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES	hours per weel devoted to position 4 0	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX BR AS TY PR JA	RY_THURBER ECUTIVE DIRECTOR ENT_BOWERS SISTANT LER_HERREMAN ESIDENT SON_JOHANNES CE_PRESIDENT	hours per weel devoted to positi 40 PART PART PART	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EX BRI AS: TY PRI JA: VI ABI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER	hours per weel devoted to positi 40 PART PART	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to positi 40 PART PART PART	compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: PRI JA: VI ABI SE(RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VI(ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	
EXI BRI AS: TY: PRI JA: VIO ABI CYI	RY THURBER ECUTIVE DIRECTOR ENT BOWERS SISTANT LER HERREMAN ESIDENT SON JOHANNES CE PRESIDENT BY SEILER CRETARY-TREASURER	hours per weel devoted to position 40 PART PART PART PART	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Healti contributions benefit p	s to employee lans, and	

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in t		art V	\Box			
	instructions for Part V) check if the organization used Schedule O to respond to any question in t	IIIS F	Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a						
	detailed description of each activity in Schedule O	33_		X			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х			
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business						
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a_		_X_			
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b					
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,						
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		v			
37 a	during the year? If "Yes," complete applicable parts of Schedule N	30		<u> </u>			
b b	Did the organization file Form 1120-POL for this year?	37b	-	X			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Ϋ́			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved						
39	Section 501(c)(7) organizations Enter]					
а	Initiation fees and capital contributions included on line 9	1		1			
b	Gross receipts, included on line 9, for public use of club facilities	1					
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
	section 4911 ►, section 4912 ►, section 4955 ►						
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			- 1			
	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					
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400					
·	organization managers or disqualified persons during the year under sections 4912,			1			
	4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	ļ					
	reimbursed by the organization						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			1			
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed ▶						
42 a	The organization's books are in care of ► MARY THURBER Telephone no ► 913-638	-181	.7				
h	Located at ▶PO BOX 779, WELLSVILLE, KS ZIP + 4 ► 66092 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No			
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		CX			
	If "Yes," enter the name of the foreign country	1.22					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts.	ŀ					
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	X			
	If "Yes," enter the name of the foreign country: ▶						
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 ▶ 43	_	Yes	No			
44 -	Did the experience maintain any denot advised funds during the uses If "Yes." Form 000 must be		168	NO			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7	44a		х			
ь	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770	<u> </u>	_			
	completed instead of Form 990-EZ	44b	1	x_			
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an						
	explanation in Schedule O	44d		<u> </u>			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	_X_			
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		}				
	Form 990-EZ (see instructions)	45b	L	<u> X</u>			

orm 990-EZ (2012)									_		Page 4
	-	ngage, directly or c office? If "Yes," co				-					Yes	No X
Part VI	Section 501(c) All section 501 50 and 51	(3) organizations (c)(3) organizations ganization used S	s only lons must	answer que	estion	s 47-49b	and 52, a	nd com	plete the t	ables		
47 Did 1	the organization e	ngage in lobbying a e Schedule C, Part	11							47	Yes	No
		chool as described			(u)? If	"Yes." cor	 nplete Sche	 dule E		• —		
	-	ake any transfers						-		_		\top
		ed organization a s								49	b	
	•	or the organization	•	•			•					nd key
emp	loyees) who each	received more that	n \$100,00				organizatio		e is none, e	nter "	None "	
	(a) Name and title paid more th			(b) Averag hours per w	eek	comp	ensation	contribution benefit plan	ns to employee s and deferred		mated an compen	
				devoted to po	sition	(Forms VV-	2/1099-MISC)	comp	ensation			
						}						
					-							
											-	
				 								
51 Com	iplete this table f	employees paid of or the organization sation from the org	n's five hid	hest compe	nsate	d indeper	ndent contr	actors w	no each re	eceive	d more	e than
	-	independent contractor p			ic, citi		of service		(c) C	ompens	ation	
					-							
							<u></u>				_	
d Tota	al number of other	independent contr	actors ead	ch receiving o	ver \$	100,000	▶_					
		omplete Schedule i trusts must attach) organiza	tions and 4	947(a)(1)	▶ □'	Yes [No
Under penaltie	s of perjury, I declare t	hat I have examined this on of preparer (other than	s return, inclu	iding accompany	ing sch				st of my know	ledge a	nd belief	it is
Sign	Signature of office	y Hurb	h					Date 2/	/11 //3			
Here					e	<u>Dire</u>	ctor					
	Print/Type preparer's	/	Preparer's s	signature			Date	10	heck If	PTIN		
Paid Preparer	JANET M KER	N	1/am	1m. /2	Lan		4/9/1	· 🗕 📗	elf-employed	P00	28076	53_
Use Only	Final Company NEDED DODBON RECKORDON KEDNI CDIC LIC				Firm's El	N ▶ 48-0						
- 50 Jing	Firm's address	8764 MONROVI						Phone no	>			
14	0 dia a a a a a a a a a a a a a a a a a a	LENEXA, Kg 6	6215					····		631-	1120	٦

Form 990-EZ (2012)