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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

2012

Open to Public
Inspection

► 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

A For the 2012 calendar year, or tax year beginning JULY 01 , 2012, and ending JUNE 30 , 2013			
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization International Gay Bowling Organization Number & street (or P.O. box, if mail is not delivered to street addr) 2814 Hollywood Drive City or town, state or country, and ZIP + 4 Decatur GA 30033	
		D Employer identification number 91-1285626	
		E Telephone number (404) 790-5320	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► www.igbo.org			
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527			
K Check ► <input checked="" type="checkbox"/> 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 ► \$ 50,440			
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 type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	8,259
	2 Program service revenue including government fees and contracts	2	2,194
	3 Membership dues and assessments	3	27,631
	4 Investment income	4	95
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,261	
c Less: direct expenses from gaming and fundraising events	6c	9,692	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,569	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,748	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	23,028
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	9,109
	16 Other expenses (describe in Schedule O)	16	5,826
	17 Total expenses. Add lines 10 through 16	17	37,963
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,785
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	102,750
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	105,535
			RECEIVED MAY 16 2014 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

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	117,847	22 128,358
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	1,581	24 1,581
25 Total assets	119,428	25 129,939
26 Total liabilities (describe in Schedule O)	16,678	26 24,404
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,750	27 105,535

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? See attachment #1

Describe the organization's primary exempt purpose. 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

Expenses

Expenditures
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See attachment #2

(Grants \$) If this amount includes foreign grants, check here ► 28a 18,738

29 _____

(Grants \$) If this amount includes foreign grants, check here ► **29a** 6,509

30 _____

(Grants \$) If this amount includes foreign grants, check here . . . ► 30a 10,039

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 35,281

List of Officers, Directors, Trustees, and Key Employees List each one even if he or she is not a director or trustee.

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a X

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b X

39 Section 501(c)(7) organizations. Enter. 39a X

a Initiation fees and capital contributions included on line 9 39b X

b Gross receipts, included on line 9, for public use of club facilities 39b X

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____, section 4955 ► _____ 40b X

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed ► WA

42a The organization's books are in care of ► See attachment #4 Telephone no ► _____ Located at ► _____ 42b X

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: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c X

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____ 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations 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

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► Signature of officer	Treasurer	Date 5/12/14
	► Terri Paulk 		

Paid Preparer Use Only	Print/Type preparer's name TERRI PAULK	Preparer's signature 	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00920986
	Firm's name ► TERRI PAULK CPA			Firm's EIN ► 26-6771503	
	Firm's address ► 2814 HOLLYWOOD DRIVE			Phone no	404-297-8819

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

International Gay Bowling Organization

Employer identification number
91-1285626

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-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)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(i)	X
11g(ii)	X
11g(iii)	X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?	(vii) Amount of monetary support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	29,270	42,258	30,878	35,376	35,890	173,672
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	29,270	42,258	30,878	35,376	35,890	173,672
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						173,672

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	29,270	42,258	30,878	35,376	35,890	173,672
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,174	308	291	259	95	2,127
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b.	1,174	308	291	259	95	2,127
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)	30,444	42,566	31,169	35,635	35,985	175,799
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.79 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.21 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests -- 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests -- 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01	, and ending	06-30-2013
Name of Organization	International Gay Bowling Organization			Employer Identification Number 91-1285626
Primary Purpose				
THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO FOSTER AMATEUR SPORTS. IGBO HAS TOURNAMENTS AND SEMINARS THAT FOCUS ON AMATEUR ATHLETIC ACTIVITIES, SPECIFICALLY BOWLING. THIS IS THE REASON FOR IGBO'S CREATION.				

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013
Name of Organization	Employer Identification Number International Gay Bowling Organization 91-1285626		

Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	18,738
Exempt Purpose Achievements			

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

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013.
Name of Organization International Gay Bowling Organization		Employer Identification Number 91-1285626	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	6,509
Exempt Purpose Achievements			
PUBLICATIONS INCLUDE AN ONGOING 12-MONTH COMPIILATION OF INDIVIDUAL TOURNAMENT SCORES DISTRIBUTED FOR MEMBER USE. IGBO ALSO PRODUCES A NEWSLETTER 3 TIMES A YEAR REPORTING ON MEMBER ACTIVITIES AND NEWS. BOWLING INSTRUCTIONAL CLASSES ARE HELD AT ANNUAL AND MID-YEAR MEETINGS.			

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013
Inspection			
Name of Organization	Employer Identification Number		
International Gay Bowling Organization	91-1285626		
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	10,039
Exempt Purpose Achievements			
AWARDS-ANNUAL AWARDS ARE GIVEN TO EVERY MEMBER LEAGUE TO DISTRIBUTE TO THE HIGHEST MALE AND FEMALE AVERAGES, WINNING TEAM, AND RUNNER-UP TEAM. AWARDS ARE ALSO DISTRIBUTED TO MEMBERS ACHIEVING HONOR SCORES.			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013	
Name of Organization International Gay Bowling Organization			Employer Identification Number 91-1285626	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def comp.	(E) Expense account & other compensation
ROBERT McDANIEL PRESIDENT	12.00	0	0	1,500
ROBERT SILLIMAN VICE PRESIDENT	12.00	0	0	1,500
WILLIAM ROMAN SECRETARY	12.00	0	0	1,500
TERRI PAULK TREASURER	12.00	0	0	1,500
KEN SCADDAN REGIONAL DIRECTOR	6.00	0	0	900
TIM TKACIK REGIONAL DIRECTOR	6.00	0	0	900
MARK MACBAIN REGIONAL DIRECTOR	6.00	0	0	900
ALEX GREGORY REGIONAL DIRECTOR	6.00	0	0	900
JUDY THOMPSON REGIONAL DIRECTOR	6.00	0	0	900
JOEY LEBLANC REGIONAL DIRECTOR	6.00	0	0	900
CURTIS MARTIN REGIONAL DIRECTOR	6.00	0	0	900
DONNY TANG REGIONAL DIRECTOR	6.00	0	0	900
GREG FREY REGIONAL DIRECTOR	6.00	0	0	900

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01	, and ending	06-30-2013.
Name of Organization	International Gay Bowling Organization			Employer Identification Number 91-1285626
Part V - Line 42a				

Individual Name TERRI PAULK

or

Business Name.

Street Address 2814 HOLLYWOOD DRIVE

U S Address:

Zip code 30033- City Decatur State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (404) 790-5320

Fax Number (770) 351-337

2012 DETAIL STATEMENTS

International Gay Bowling Orga
91-1285626

Page 1

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

Insurance.....	1,952
Tournament Expenses.....	3,000
Bank Fees.....	724
Dues.....	150
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	5,826

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

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

STATEMENT #3 - Other assets end yr (EOEZ PG 2 Line 24)

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

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

Regional Funds Held.....	14,444
Tournament Payables.....	135
Accrued Expenses.....	2,099
TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	16,678

STATEMENT #5 - Total liabilities end yr (EOEZ Pg 2 Line 26)

Regional Funds Held.....	19,662
Disaster Relief Fund.....	2,349
Membership Fees Prepaid.....	100
Accrued Expenses.....	2,293
TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	24,404

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. INTERNATIONAL GAY BOWLING ORGANIZATION	Employer identification number (EIN) or 91-1285626
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2814 HOLLYWOOD DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DECATUR, GA 30033	

Enter the Return code for the return that this application is for (file a separate application for each return)

 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **TERRI PAULK, CPA**

Telephone No. ► **404-790-5320** FAX No. ► **770-351-3377**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 _____ or

► tax year beginning **JULY 1**, 20 **12**, and ending **JUNE 30**, 20 **13**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
			0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. INTERNATIONAL GAY BOWLING ORGANIZATION	Employer identification number (EIN) or 91-1285626
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2814 HOLLYWOOD DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DECATUR, GA 30033	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **TERRI PAULK, CPA**
Telephone No. ► **404-790-5320** Fax No. ► **770-351-3377**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4	I request an additional 3-month extension of time until	MAY 15	, 20 14 .		
5	For calendar year , or other tax year beginning	JULY 1	, 20 12 , and ending	JUNE 30	, 20 13 .
6	If the tax year entered in line 5 is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return				
	<input type="checkbox"/> Change in accounting period				
7	State in detail why you need the extension	THE ORGANIZATION HAD A CHANGE IN THE TREASURER POSITION RIGHT AFTER THE END OF THE FISCAL YEAR-6/30/13. THE NEW TREASURER REQUESTS ADDITIONAL TIME TO FILE IN ORDER TO GATHER NECESSARY INFORMATION TO PREPARE THE FINANCIAL RECORDS TO FILE A COMPLETE AND ACCURATE TAX RETURN.			
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0	
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0	

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

CPT

Title ►

**CPA
Treasurer**

Date ►

2/14/14

Form 8868 (Rev. 1-2014)