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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements , 2012, and ending For the 2012 calendar year, or tax year beginning Aug 1 2013 D Employer Identification Number Check if applicable C Name of organization USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION 13-4299277 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change 203 (503) 257-9511 Initial return 15710 NE GLISAN ST State ZIP code + 4 City, town or country

G Gross receipts \$ 167,862. Amended return PORTLAND OR 97230 H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) Yes No OR 97230 DEBRA SATTERGREN 15710 NE GLISAN, #203 PORTLAND Tax-exempt status 4947(a)(1) or 527 **★** | 501(c)(3) 501(c) ( ) ◀ (insert no ) H(c) Group exemption number Website: ► www.qpusbc.com Form of organization Corporation Trust Association Other -L Year of Formation 2005 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: WE ARE A NON PROFIT ORGANIZATION SEEKING TO PROMOTE AND GROW THE SPORT OF BOWLING IN OUR DISTRICT AS WELL AS SUPPORT THE NATIONAL USBC'S Governance GOALS OF ENSURING THE INTEGRITY AND PROCTECTING THE FUTURE OF THE SPORT OF BOWLING, PROVIDING PROGRAMS AND SERVICES AND ENHANCING THE BOWLING EXPERIENCE. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 79<u>3</u> Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 7b 1,737. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,970 117,769. Program service revenue (Part VIII, line 2g) 192,996 37,827. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 213 16. ,737. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 169 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 197,348 157,349. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 51,263. 70,260 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 44,789. 46,567 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 82,053. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 95,143 Total expenses. Add lines 13-17 (must-equal-flag X, column (A), line 25) 211,970. 178,105. Revenue less expenses Subtract line 18 from line 12 -20,756. -14,622 End of Year **Beginning of Current Year** MAR 2 1 2014 Total assets (Part X, line 16) & 566,350. 20 596,521 Total liabilities (Part X, line 26) 21 14,133. 7,361. Net assets or fund balances! Subtract line 21 from line 20 582,388. 558,989.

Signature Block

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

Sign

03/17/14

DEBRA SATTERGREN Type or print name and title

ASSOCIATION MANAGER

Paid **Preparer** Use Only

∂∂Here

Print/Type preparer's name BOB BLACKMORE

Date 03/17/14

X of self-employed

P00336113

R BLACKMORE COMPANY Firm's name Firm's address 15259 SE 82ND DR,

97015 OR

Firm's EIN > 93-0908389 (503) 650-7227 Yes

CLACKAMAS May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/09/13

Form 990 (2012)

Form	990 (2012) USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION	13-4	29927	77	P	age <b>2</b>
Par	rt III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission:					
	WE ARE A NON PROFIT ORGANIZATION SEEKING TO					
	PROMOTE AND GROW THE SPORT OF BOWLING IN OUR DISTRICT AS WELL AS SUPP	ORT THE	NATIO	DNAL	USB	c's
	See Form 990, Page 2, Part III, Line 1 (continued)					
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior				
	Form 990 or 990-EZ?		Г	Yes	$\mathbf{x}$	No
	If 'Yes,' describe these new services on Schedule O		ليا			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	$\nabla$	No
_	If 'Yes,' describe these changes on Schedule O		ш		ш	
4	Describe the organization's program service accomplishments for each of its three largest program service.	rices, as m	easured	by exp	oense:	S
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of g	rants an	d alloc	ations	s to
4 a	a (Code. ) (Expenses \$ 51,263. including grants of \$ 0.)	(Revenue	\$	16	7,86	52.)
	EACH MEMBER OF GREATER PORTLAND USBC IS REQUIRED BY NATIONAL U		PAY			
	DUES WHICH ENTITLES THEM TO BOWL CERTIFIED LEAGUES AND TOURNAM					
	THESE MEMBERSHIP DUES ARE FORWARDED TO THE NATIONAL USBC WHERE			· <u>~ -</u> -		
	ARE USED FOR TESTING, AWARDS, BONDING AND OTHER PURPOSES TO EN			TEGE	. — — - ттv	
	OF THE GAME. ADDITIONALLY, A SMALL PORTION IS FORWARDED TO TH			1001		
	ASSOCIATION FOR USE IN PROMOTING STATE PROGRAMS AND TOURNAMENT	<u>s</u>				
				. <b>-</b>		
					. <del></del>	
4 b	b (Code ) (Expenses \$ including grants of \$)	(Revenue	\$			)
	*					
						<del>-</del>
4 0	c (Code· ) (Expenses \$ including grants of \$)	(Revenue	\$			)
4 0	d Other program services. (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
4 6	e Total program service expenses ► 51,263.					
BAA				Forn	n <b>990</b>	(2012)

# Form 990 (2012) USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION Part V & Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	· · · · · · · · · · · · · · · · · · ·		***************************************
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <sup>9</sup> If 'Yes,' complete Schedule D, Part VI	11 a	х	
1	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		х_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If 'Yes,' complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 and V. line 1  $\overline{\mathbf{x}}$ 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х

> х Form 990 (2012)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Form 990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance X Check if Schedule O contains a response to any question in this Part V Yes No 0 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 h b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a X services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year X 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? 9 b **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter-11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11<sub>b</sub> against amounts due or received from them ) 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2012) USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION 13-4299277 Page 6 Part VIG Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a 12 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 7,793 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a a The governing body? b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done 13 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official 15b X **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions ) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) X Another's website Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PORTLAND OR (503) 257-9511 15710 NE GLISAN #203

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

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

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

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

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

Check this box if neither the organization	on nor any i	elated	org	anız	atio	n con	npen	sated any current office	cer, director, or truste	e
(C)										
(A) Name and Title	(B) Average hours per	one bo	x, ùnl er an	ess p	ersor	more the state of	an	(D)  Reportable compensation from the organization	<b>(E)</b> Reportable  compensation from  related organizations	(F) Estimated amount of other compensation
	week (lists any hours for related organiza- tions below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		(W-2/1099-MISC)	(W-2/1099 MISC)	from the organization and related organizations			
(1) MIKE HUMPHRYS	0.00									
BOARD PRESIDENT				Х				0.	0.	0.
(2) SUE UNGER	0.00									
1ST VP				Х				0.	0.	
(3) ROBERT SATTERGREN 2ND VP	0.00			х				0.	0.	0.
(4) SHERRI SCHMALING	0.00							,		
SGT AT ARMS		]		х				0.	0.	0.
(5) DEBRA SATTERGREN	40.00									·
ASSOCIATION MGR				Х				30,000.	0.	<u> </u>
(6) KATHERINE BOUWENS	30.00									
OFFICE ASST					Х			14,367.	0.	0.
(7) KATY BOUWENS	0.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID HUSTED	0.00					1				
DIRECTOR		Х						0.	0.	0.
(9) BILL ULLMAN	0.00									
DIRECTOR		X				<u></u>		0.	0.	0.
(10) NORM LAVIN	0.00				İ					
DIRECTOR		Х	<u> </u>					0.	0.	0.
(11) JOSH REASONER	0.00	j	ł							
DIRECTOR		<u>x</u>			L			0.	0.	0.
(12) SAMANTHA GAREY	0.00						1			
DIRECTOR		X		_	L_			0.	0.	0.
(13) BILL GALLUP	<u> </u>					ŀ				
DIRECTOR		<u>x</u>	$oxed{oxed}$	L				0.	0.	0.
(14) BRAD MCLEAN	0.00	4								
DIRECTOR		Х						0.	0.	0.

Part VII   Section A. Officers, Directors, Trus	BOWLI	NG A	ASS Em	OCI	AT	ION	2n/	Highest Com	13-42992	
Tiedit VII A Section A. Onicers, Directors, 1145	(B)	l		(C		C3, 6	anc	I riighest con	pensated Em	picyces (com)
(A) Name and title	Average hours per (do not check more than one box, unless person is both an officer and a director/trustee) compens		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation					
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) BOB SCHMALING	0.00					1				
DIRECTOR		X_			_		_	0.	0	. 0.
<u>(16)</u> <u>JOHN_CRAYCRAFT</u> DIRECTOR	0.00	x						0.	0	. 0.
C17) ELLIE BOUWENS DIRECTOR	0.00	x						0.	0	. 0.
(18) RONI DAWSON	0.00	x						0.	0	. 0.
DIRECTOR (19)								0.		
(20)										
(21)									-	
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							7	44,367.	0	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	А						<b>•</b>	44,367.	0	0.
2 Total number of individuals (including but not limite from the organization ►	d to tho	se lis	sted	abo	ve)	who	rece			
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it</li> <li>For any individual listed on line 1a, is the sum of re</li> </ul>	<i>ndıvıdua</i> eportable	l e con	nper	nsatı	ion a	and o	othe	r compensation fr		Yes No
such individual	the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual								4 X	
<ul> <li>5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors</li> </ul>	compens complete	satior e <i>Sch</i>	n fro nedu	m a ile J	ny ι <i>for</i>	unrela such	atec per	organization or i	naivi <b>aual</b>	5 X
Complete this table for your five highest compensation from the organization Report compe	ted inde	pend for t	ent he c	cont alen	tract ndar	tors t year	hat	received more that	an \$100,000 of the organization'	s tax year
(A) Name and business address								(B Description	)	(C) Compensation

	compensation from the organization Report compensation for the calend	lar year ending with or within the organization	n's tax year
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to thos \$100,000 in compensation from the organization ▶	se listed above) who received more than	

Form 990 (2012)

	Check if Schedule O contains a response to any quest	tion in this Part VIII			<u> </u>
		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b     114,151       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e	•		,	
NTRIBUTION ND OTHER	f All other contributions, gifts, grants, and similar amounts not included above  q Noncash contributions included in lns 1a-1f: S	<u>.</u>			
당록	h Total. Add lines 1a-1f	117,769.			
PROGRAM SERVICE REVENUE	Business Code	117,769.			
蚵	2a REBATES 813410	1,981.	1,981.	0.	0.
爠	b TOURNAMENT INCOME 813410		30,890.	0.	0.
띹	b TOURNAMENT INCOME 813410	30,890.		0.	0.
£	c AWARDS BANQUET 813410	2,972.	2,972.	0.	
¥	d LANE CERTIFICATION 813410	1,740.	1,740.		0.
훓	e YEARBOOK 813410	200.	200.	0.	0.
ջ	f All other program service revenue	44.	44.	0.	0.
-	g Total: Add IIIICS 24-21	37,827.	* 8%;***,		ž
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	16.	16.	0.	0.
					<del></del>
	5 Royalties (i) Real (ii) Personal	7	*		
	1	<b>⊢</b> , , , , , , , , , , , , , , , , , , ,		ê	,
	6a Gross rents 12,250.				
	b Less rental expenses 10,513.	<b>⊣</b> ″ ₹*		49. 7 (**	,
	c Rental income or (loss) 1,737.		ـ گُر ، ـ ـ		-
	d Net rental income or (loss)	1,737.	1,737.	0.	0.
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	<b>b</b> Less cost or other basis and sales expenses			***	
	c Gain or (loss) d Net gain or (loss)	•	, , ,		
VENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
OTHER REVENUE	See Part IV, line 18 a b Less' direct expenses b		<i>x</i> ,	-	
J	c Net income or (loss) from fundraising events	<b>•</b>			<b></b>
	9 a Gross income from gaming activities See Part IV, line 19 a		*		
	<b>b</b> Less direct expenses <b>b</b>			And the Paris Committee of the Committee	
	c Net income or (loss) from gaming activities	<b>•</b>			
	10 a Gross sales of inventory, less returns and allowances		,		
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory	<b>•</b>		and the street formers to be	
	Miscellaneous Revenue Business Code				
	11 a				
	D		<del> </del>		<del> </del>
	C	<del></del>	<del>                                     </del>		<del> </del>
	d All other revenue	<u> </u>	<del></del>		
	e Total. Add lines 11a-11d				<del> </del>
	112 Total revenue. See instructions	▶ 157.349	1 39.580	1 0.	.1 0.

Form	990 (2012) USBC 80639 GREATER PORT	LAND BOWLING ASSO	OCIATION	13-429	9277 Page 10
Par	t IX Statement of Functional Expens	ses			
Sec	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns. A	All other organizations m	ust complete column (/	4)
`	Check if Schedule O contains a re	esponse to any question			
Do r 7b, a	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,			* > 1
4	Benefits paid to or for members	51,263.	51,263.	*	
5	Compensation of current officers, directors, trustees, and key employees	•		5,200.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	40,367.	35,167.	3,200.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,422.	4,237.	185.	_0.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	: Accounting	1,992.	1,992.	0.	0.
C	Lobbying				
	Professional fundraising services See Part IV, line 17			\$	<del> </del>
	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	1,329.	1,329.	0.	0.
13	Office expenses	4,188.	2,854.	1,334.	0.
14	Information technology	1,909.	1,571.	338.	0.
15	Royalties	1/303.	1,0,		
16	Occupancy .	8,588.	8,588.	0.	0.
17	Travel	0,00			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	7,685.	7,685.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,451.	14,451.	0.	0.
	Insurance	3,008.	3,008.	0.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	TOURNAMENTS	33,788.	33,788.	0.	0.
ŀ	LANE CERTIFICATION	587.	587.	0.	0.
(	YEARBOOK	1,302.	1,302.	0.	0.
C	CORPORATION FEES	1,787.	1,787.	0.	_0.
•	All other expenses	1,439.	1,215.	224.	0.
25	Total functional expenses. Add lines 1 through 24e	178,105.	170,824.	7,281.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 21,059 1 5,609. 2 128,599. 2 Savings and temporary cash investments 128,582 3 3 Pledges and grants receivable, net 708 4 -288. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 708. Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 546,492 b Less: accumulated depreciation 10b 114,770 446,172 10 c 431,722. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 566,350 16 596,521 Accounts payable and accrued expenses 17 17 1,899 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 4,133 5,462 Total liabilities. Add lines 17 through 25 14,133 26 7,361 Organizations that follow SFAS 117 (ASC 958), check here ► 5 E E F + + and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 582,388 558,989. 33 Total net assets or fund balances 582,388 33 558,989. Total liabilities and net assets/fund balances 596,521 34 566,350. 34

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Form 990 (2012)

Forn	1 990 (2012) USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION	<u> 13-429927</u>	<u> 7</u>	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1!	57,3	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	78,1	05.
3	Revenue less expenses Subtract line 2 from line 1	3		20,7	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82,3	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-2,6	43.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5	58,9	89.
Pa	rt XII   Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				П
	, ,			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			. Ž.	y ji
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		7.3	4 ( - 15-4)	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed on a	, .	4.38	
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate		*	^
	Separate basis Consolidated basis Both consolidated and separate basis		<u>.</u>		*
1	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		iĥ	ĽŽ!	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		х
ı	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b	_	L
DA.			Eorm	gan /	2012)

#### 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.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No 1545-0047

13-4299277 USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION |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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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 ın **section 170(b)(1)(A)(vi).** (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 supporting organization and complete lines 11e through 11h Type III - Non-functionally integrated Type I Type II Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes 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? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (a) EIN (vi) Is the organization in column (i) (vii) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization in column (i) listed in (see instructions)) your governing document? organized in the Yes No Yes No (A) (B) (C) (D) (E) Ţ., 4 -,\* ', Total

	dule A (Form 990 or 990-EZ) 2013				S ASSOCIATION (b)(1)(A)(iv) an	13-4299 d 170(b)(1)	
	(Complete only if you checked organization fails to qualify to	ed the box on line	5. 7. or 8 of Part	or if the organiza	ation failed to qual	ıfy under Part	III If the
Sec	tion A. Public Support	T	·				<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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)			A STATE OF THE STA	1 2 2		
6	Public support. Subtract line 5 from line 4	t on Konson on des mades with	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Annual start blocked office of the second		~ ~~ ~
Sec	tion B. Total Support						····
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						ļ
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				* * 6		¥4.
12	Gross receipts from related activ	rities, etc (see inst	ructions)				12
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, or	fifth tax year as a	section 501(	c)(3) <b>-</b>
	tion C. Computation of Pu					···	
14	Public support percentage for 20			e 11, column (f))		<del>-</del>	14 %
15	3					_	15 %
	33-1/3% support test – 2012. If and stop here. The organization	qualifies as a pub	licly supported or	ganization			
t	33-1/3% support test – 2011. If t and stop here. The organization	the organization di qualifies as a pub	id not check a box blicly supported or	on line 13 or 16a ganization .	a, and line 15 is 3	3-1/3% or mo	re, check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test. check this t	oox and <b>stop here</b>	. Explain in Pi	art IV how

**b 10%-facts-and-circumstances test** — **2011.** 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

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.)

Sec	Section A. Public Support									
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
1	Gifts, grants, contributions and membership fees									
	received. (Do not include any 'unusual grants ')	7 000	2 470	4 074	2 070	117 760	126 575			
2	Gross receipts from admis-	7,290.	3,472.	4,074.	3,970.	117,769.	136,575.			
_	sions, merchandise sold or									
	services performed, or facilities furnished in any activity that is									
	related to the organization's									
_	tax-exempt purpose	183,620.	181,707.	174,723.	64,977.	1,981.	607,008.			
3	Gross receipts from activities that are not an unrelated trade									
	or business under section 513	39,012.	32,793.	39,966.	42,614.	30,890.	<u> 185,275.</u>			
4	Tax revenues levied for the organization's benefit and									
	either paid to or expended on									
5	its behalf The value of services or									
•	facilities furnished by a									
	governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	229,922.	217,972.	218,763.	111,561.	150,640.	928,858.			
	Amounts included on lines 1,	223,322.	211, 312.	210,703.	111,301.	130,040.	920,030.			
	2, and 3 received from									
	disqualified persons Amounts included on lines 2									
L	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									
	Add lines 7a and 7b									
8	<b>Public support</b> (Subtract line 7c from line 6.)			, , , , ,			000 050			
500	tion B. Total Support		<b>3</b> / ' ' '	** * *	1 6 2200	, <u>, , , , , , , , , , , , , , , , , , </u>	928,858.			
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
	Amounts from line 6	229,922.	217,972.	218,763.	111,561.	150,640.	928,858.			
	Gross income from interest,	229, 322.	211,312.	210,703.	111,301.	130,040.	920,030.			
	dividends, payments received									
	on securities loans, rents, royalties and income from									
	sımılar sources	3,187.	541.	305.	213.	16.	4,262.			
b	Unrelated business taxable income (less section 511									
	taxes) from businesses		_	_						
_	acquired after June 30, 1975	1,548.	0.	0.	169.	1,737.	3,454.			
	Add lines 10a and 10b  Net income from unrelated business	4,735.	541.	305.	382.	1,753.	7,716.			
• • •	activities not included in line 10b,		-							
	whether or not the business is regularly carried on	1 406	7 002	6 260	0.	0.	15 667			
12	Other income Do not include	1,496.	7,902.	6,269.	0.		15,667.			
-	gain or loss from the sale of									
	capital assets (Explain in Part IV.)									
13	Total support. (Add Ins 9, 10c, 11, and 12)	236,153.	226,415.	225,337.	111,943.	152,393.	952,241.			
	First five years. If the Form 990	is for the organiza								
	organization, check this box and	<del>`</del>				· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pu			10 1 (0)		Las				
	Public support percentage for 20	•	•	13, column (f))		15	97.54 %			
	Public support percentage from 2					16	<del>8</del>			
	tion D. Computation of Inv				(5)		0.01.0			
17	Investment income percentage for	•		-	III (1))	17	0.81 %			
18	· ·				d lima 15	18	9			
19 a	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									
Ь	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 a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation -			
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	see instructions	_ • 🗖			
RΔΔ			TEEA0403	08/09/12	S.	hedule A (Form 9	90 or 990-EZ) 2012			

Schedule A	(Form 990 c	or 990-EZ)	2012 U	SBC 806	39 GRE <i>I</i>	ATER POR	TLAND B	OWLING	ASSOCIA:	$r_{10N}$	3-42992	. / /	Page 4
Part IV	Suppleme Part II, III (See inst	ental Info ne 17a or ructions).	rmation 17b; ar	n. Comp nd Part	plete th	is part to 12. Also	provide comple	e the ex ete this	planation part for a	ns requir any addit	ed by Pa ional info	ort II, line ormation.	10;
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection
Employer identification number

USI	BC 80639 GREATER PORTLAND BOW			13-4299277
Pai	t   Organizations Maintaining Dono	r Advised Funds or Other S	Similar Fun	ds or Accounts. Complete if
	the organization answered 'Yes'			
		(a) Donor advised fund	S	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the o	or advisors in writing that the asset organization's exclusive legal contro	s held in donc	or advised funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?			
Pai	t II Conservation Easements. Comp	lete if the organization ansv	vered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g , re	ecreation or education)	reservation of	an historically important land area
	Protection of natural habitat		reservation of	a certified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation cor	itribution in the	
				Held at the End of the Tax Year
	a Total number of conservation easements			2 a
ا	Total acreage restricted by conservation easen	nents		2 b
•	Number of conservation easements on a certif	ed historic structure included in (a)	)	2 c
•	d Number of conservation easements included in structure listed in the National Register	ı (c) acquired after 8/17/06, and no	t on a historic	2 d
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguished,	or terminated	by the organization during the
4	Number of states where property subject to con	nservation easement is located >		
5	Does the organization have a written policy required and enforcement of the conservation easemen	garding the periodic monitoring, insts it holds?	pection, hand	ling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conse	rvation easem	ents during the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation	on easements	during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	ments of secti	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	the organization's financial staten	nents that des	cribes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Tre wered 'Yes' to Form 990, Pa	asures, or art IV, line a	Other Similar Assets. 8.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance.	held for public exhibition, education	on, or research	e statement and balance sheet works of n in furtherance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in d for public exhibition, education, c	its revenue sta r research in	atement and balance sheet works of art, furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other sim 16 (ASC 958) relating to these iter	ılar assets for ns	financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
	<b>b</b> Assets included in Form 990. Part X			<b>►</b> \$

Schedule D (Form 990) 2012 USBC 80639 GR	EATER PORTLAND BOWN	LING ASSOCIATION prical Treasures, or	13-4299 Other Similar Asso	
. 3 Using the organization's acquisition, accessing items (check all that apply).				
a Public exhibition	<b>d</b> ☐ Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
Provide a description of the organization's content XIII	ollections and explain how	they further the organiz	ation's exempt purpose	ın
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	or receive donations of art, aintained as part of the org	historical treasures, or ganization's collection?	other similar assets	Yes No
Part IV Escrow and Custodial Arrangem reported an amount on Form 9	<b>lents.</b> Complete if the o 90, Part X, line 21.	rganization answere	ed 'Yes' to Form 990,	Part IV, line 9, or
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian, or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	g table <sup>.</sup>	•	
				Amount
c Beginning balance			1 c	
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1 f	
2 a Did the organization include an amount on F	orm 990, Part X, line 21?		L	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	. Check here if the explant	ion has been provided ii	n Part XIII	
Part V Endowment Funds. Complete	if the organization an	swered 'Yes' to Fo	rm 990 Part IV. lin	e 10.
(a) Curr			(d) Three years	(e) Four years
1 a Beginning of year balance				<del> </del>
<b>b</b> Contributions			-	
c Net investment earnings, gains, and losses				
d Grants or scholarships				<del>-</del>
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curi	ent year end balance (line	1g, column (a)) held as	s	
a Board designated or quasi-endowment	8			
<b>b</b> Permanent endowment ►	8			
c Temporarily restricted endowment ►	%			
The percentages in lines 2a, 2b, and 2c sho	uld equal 100%			
3 a Are there endowment funds not in the posse organization by:	ssion of the organization t	hat are held and admını	stered for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(II), are the related organization	s listed as required on Sch	nedule R?		3b
4 Describe in Part XIII the intended uses of the	e organization's endowmer	nt funds		
Part VI Land, Buildings, and Equipme	nt. See Form 990, P	art X, line 10.	· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	202,230.		, 2 23	<u>202,230.</u>
<b>b</b> Buildings	332,270.		114,770.	217,500.
c Leasehold improvements	5,209.			5,209.
<b>d</b> Equipment		6,783.		6,783.
e Other				
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, co	olumn (B), line 10(c).)	<u></u>	431,722.
RAA			Sched	ule <b>D</b> (Form 990) 2012

(3) SCHOLARSHIP -1,4524,685 (4) SMART UNASSIGNED FUNDS 3,348 (5) PROMOTION (6) PAYROLL TAXES 107. (7) STANDARD MERGED 11 (8) (9)(10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 5,462.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 USBC 80639 GREATER PORTLAND BOWLING ASS	OCIATION1	3-4299277 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		35 P
a Net unrealized gains on investments	2 a	_
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII )	2 d	
e Add lines 2a through 2d .		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		- 49 - 49 - 49 - 40 - 40 - 40 - 40 - 40 - 40 - 40 - 40
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4 b	
c Add lines 4a and 4b		-   4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII, Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per	Return
Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,5 or
a Donated services and use of facilities	2 a	* { *
<b>b</b> Prior year adjustments	2 b	-  ^ ,
c Other losses	2 c	-  -
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	<u> </u>	
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	~ } v 1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	\$2.4 \$2.4
<b>b</b> Other (Describe in Part XIII.)	4 b	- 35 7
c Add lines 4a and 4b		4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also comp	t III, lines 1a and 4; Part IV, lete this part to provide any	Innes 1b and 2b, Part V, additional information
BAA		Schedule <b>D</b> (Form 990) 2012

Schedule D (Form 990) 2012 USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION	13-4299211	rage
Part XIII   Supplemental Information (continued)		
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public . Inspection

USBC 80639 GREATER PORTLAND BOWLING ASSOCIATION	13-4299277
Pt VI, Line 2 WE HAVE TWO MARRIED COUPLES THAT ARE EITHER ON OUR BOARD O	F DIRECTORS OR ARE OFFICERS.
Pt_VI_ Line 2 there are not governing policies and procedures set in place to	RESTRICT THIS. WE DO NOT ALLOW
Pt VI, Line 2 A MARRIED COUPLE TO BOTH BE SIGNERS ON THE BANK	ING ACCOUNTS.
Pt VI, Line 7a OUR GOVERNING BOARD OF DIRECTORS IS ELECTED BY	THE ENTIRE MEMBERSHIP.
Pt_VI_ Line 7b at the annual meeting the entire membership is encouraged to atte	ND AND VOTE ON ALL LOCAL CHANGES.
Pt_VI_ Line 11b _ our 990 is available to the entire membership either from our we	EBSITE OR IN PRINT UPON REQUEST.