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OMB No 1545-1150

2012

Form 990-EZ

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

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

Inspection

		e 2012 calendar year, or tax year beginning 08-01-2012 , and ending 07-31-2013			
_		f applicable C Name of organization UNITED STATES BOWLING CONGRESS INC	D Employ	er ide	entification number
		OAHU USBC BA	90-0270	279	
_	Name c Initial re	Niverbound short (and O. C. barrell and delivered to short address) Description	E Telephor	ne nun	nber
_	Termina	1001 DILLINGHAM BLVD SUITE 223	1	(808)	845-4111
Γ,	4mende	cd return City or town, state or country, and ZIP + 4	F Group Ex		
Γ,	Applicat	HONOLULU, HI 96817	Number		► 4348
		H Check ▶	▼ _{If the}	orga	nızatıon ıs not
G A	ccoun	ting Method	to attach :	Sched	dule B
Γ \ Α/	ebsite	<i>i</i>	90,990-E	Z, or	990-PF)
		npt status(check only one)— 501(c)(3) 501(c)()			
K C	heck l	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization	tion and it	s aro	ss receipts are
nor	mally	not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-			
		ns) But if the organization chooses to file a return, be sure to file a complete return	if total acc	oto (Dart II lina 25
		es 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ii tutai ass ►\$6		
Ρ	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	for P	art I)
		Check if the organization used Schedule O to respond to any question in this Part I			
	1 .				100
	1	Contributions, gifts, grants, and similar amounts received		1	100
	2	Program service revenue including government fees and contracts	• •	2	28,005
	3	Membership dues and assessments		3	35,696
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory			
Š	b	Less cost or other basis and sales expenses	0		
Kevenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
ř	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a			
	ь	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			
	C .	Less direct expenses from gaming and fundraising events 6c	0		•
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances			
	b	Less cost of goods sold	0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	3,522
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-	9	67,323
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	18,966
S. O	13	Professional fees and other payments to independent contractors		13	1,958
Expenses	14	Occupancy, rent, utilities, and maintenance		14	13,128
Ω Ξ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	37,510
	17	Total expenses. Add lines 10 through 16	•	17	71,562
ň	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,239
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
<u>ح</u> 		end-of-year figure reported on prior year's return)		19	56,684
ž	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	<u></u> •	21	52,445

Part II Balance Sheets (see the I	•	any question in t	nis Part II		
		ſ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			52,254	22	50,219
23 Land and buildings			3,323	+ +	1,009
24 Other assets (describe in Schedule O			1,388	+	1,564
25 Total assets			56,965	25	52,792
26 Total liabilities (describe in Schedule	0)		281		347
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	56,684	27	52,445
Check if the organization used What is the organization's primary exempt BOWLING ASSOCIATION Describe the organization's program service measured by expenses In a clear and contained, and other relevant information for	Schedule O to respond to purpose? e accomplishments for eac cise manner, describe the	any question in t	est program services, as	(c) org - 49	Expenses equired for section 501 (3) and 501(c)(4) panizations and section 47(a)(1) trusts, cional for others)
28 TO CONDUCT OR SUPPORT BOWLING		grants, check her	 e ▶ ┌	28a	71,562
30	s amount includes foreign s amount includes foreign hedule O)	-	·	29a 30a	
(Grants \$) If thi	s amount includes foreign	grants, check her	e ▶ 厂	31a	
32 Total program service expenses (add lin				32	71,562
Part IV List of Officers, Directors, Tru Check if the organization used					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/10 MISC) (if not page 10-1)	on contributions 99- employee benefit	to plans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>Г</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		No
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		Νo
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ <u>ERIC H MATSUDA CPA</u> Telephone no	<u>(80</u>	8)949-	7651
	Located at 🕨 1481 S KING ST SUITE 540 HONOLULU, HI	<u>96</u>	814	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		· ·	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		Νo
	If "Yes," enter the name of the foreign country			
	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			▶ Г
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-E2	- (<014)						Yes	Page 4
	organization engage, directly ates for public office? If "Yes,"				or in opposition to			
Part VI	Section 501(c)(3) orga					· 46		No
	All section 501(c)(3) orga		questions 47-49b an	nd 52, a	and complete the	tables	for lin	nes 50
	and 51 Check if the organization used	d Schedule O to respond to	o any question in this P	art V I	<u></u>	<u>.</u>	<u>.</u>	匚
					·		Yes	No
	organization engage in lobbyii ," complete Schedule C, Part I		tion 501(h) election in		luring the tax year?	. 47		No
8 Isthe	organization a school as descr	ubed in section 170(b)(1)(A)(ıı)? If "Yes," comple	ete Sche	edule E	. 48		No
9a Did the	organization make any transfe	ers to an exempt non-char	ritable related organizat	ion?		. 49a		No
b If"Yes	," was the related organization	a section 527 organizatio	on?			. 49b		
	ete this table for the organizati ees) who each received more t							
a) Name ar	nd title of each employee paid ore than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) co emplo	Health benefits, ontributions to oyee benefit plans, and deferred compensation	(e) Es	timated r compe	
					·			
f Total	number of other employees pa	nd over \$100,000 .				▶		
						-		
L Comple	number of other employees pa ete this table for the organizati pensation from the organization	on's five highest compens		actors	· · · · · · · · · who each received	►more th	an \$100	000,0
L Comple	ete this table for the organizati	on's five highest compens n If there is none, enter "I	None "		· · · · · · · · who each received		an \$100 Compens	•
L Comple	ete this table for the organizati pensation from the organization	on's five highest compens n If there is none, enter "I	None "					•
L Comple	ete this table for the organizati pensation from the organization	on's five highest compens n If there is none, enter "I	None "					•
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L Comple	ete this table for the organizati pensation from the organization	on's five highest compens n If there is none, enter "I	None "					•
1 Comple	ete this table for the organizati pensation from the organization	on's five highest compens n If there is none, enter "I	None "					•
1 Comple of com (a) Nar	ete this table for the organization pensation from the organization ne and address of each indepe	on's five highest compens n If there is none, enter "I ndent contractor paid mor	None " e than \$100,000	(b)	Type of service			•
1 Comple of comp (a) Nar	number of other independent of he organization from the organization from the organization in the and address of each independent of the organization complete Scheme	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving	None " e than \$100,000 over \$100,000 1 501(c)(3) organization	(b)	Type of service		ompens	sation
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d Total 2 Did to none owledge and owledge. gn ere	number of other independent of he organization complete Schexempt charitable trusts must a set of perjury, I declare that I have defined it is true, correct, and complete it is	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, inclue complete. Declaration of prep	e than \$100,000 over \$100,000 501(c)(3) organizationale A uding accompanying schewarer (other than officer) in the companying schewarer (other than officer) in the companyin	ns and	Type of service 4947(a)(1) nd statements, and ton all information of the determination of t	(c) C	✓ Yes	sation No
1 Completed of com	number of other independent of he organization from the organization ne and address of each independent of he organization complete Schexempt charitable trusts must at the delief, it is true, correct, and complete for the sempt charitable trusts must at the delief, it is true, correct, and complete for the sempt charitable trusts must at the delief, it is true, correct, and complete for the sempt charitable trusts must at the sempt charitable trusts must at the sempt charitable trusts must at the sempt charitable trusts must be sempt charitable. ******* Signature of officer ARTHUR MACHADO ASSOCIATION Type or print name and title Print/Type preparer's name Firm's name FIRIC H MATS	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclusion omplete. Declaration of prep	e than \$100,000 over \$100,000 501(c)(3) organizationale A uding accompanying schewarer (other than officer) in the companying schewarer (other than officer) in the companyin	ns and a sis based	Type of service 4947(a)(1) 100 all information of Date Check for if self-employed	(c) C	✓ Yes	sation No

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As Filed Data -

DLN: 93492269003153

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

UNITED STATES BOWLING CONGRESS INC

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

OAHU	USBC E								90-0270				
	rt I			blic Charity Sta						ınstructı	ons.		
The o	rganı			te foundation becaus			-						
1		A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).				
2		A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ıle E)						
3		A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ibed in sectio	n 170(b)(1)	(A)(iii).				
4	Г	hospita	ıl's name, cı	h organization operat ity, and state	-		•			. , . , .			
5	Γ	Anorga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by a	a governmer	ntal unit d	descri	oed in	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)								
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	l)(A)(v).				
7	Γ	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete P	art II)		-	ental unit or	from the	gener	al public	:
8	<u> </u>		•		. , . , .	, , ,	•	•			c		
A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of								SS					
				oss investment inco						tax) from	n busi	nesses	
10	_			ganization after June ganized and operated									
11	<u> </u>	_		ganized and operated ganized and operated							out th	o nurno	sos of
	,	one or the box	more public that descri	ly supported organiz bes the type of supp b Type II c	ations descri	ibed in secti ization and d	ion 509(a)(1) complete line) or section s 11e throu	509(a)(2) S gh 11h	See secti	on 509	9(a)(3).	Check
e	Γ	other t	han foundatı	ox, I certify that the on managers and ot									
f			1509(a)(2)	received a written de	etermination	from the IR	S that it is a ⁻	Tyne I Tyn	e II or Tyne	III suni	oortin	norgani	zation
•			this box	received a wirelein a	ccciminacion	nom the 110	o that it is a	, , pc 1, 1 , p	C 11, 01 1 9 PC	z III Sup	301 (111)	, organi	Zucion,
g			August 17, 2 ng persons?	2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the				
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii			Yes	No
				governing body of th		_	1?				11g(i		No
			•	er of a person descr						-	11g(ii		No
				lled entity of a perso							11g(ii	<u>)</u>	No
h		Provide	e the followin	ng information about	the supporte	ed organizat	ion(s)						
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	notify	(vi) Is	the		(vii) Ar	nount of
	uppor			organization	organizati		the organiz		organiza				etary
or	ganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org			sup	port
				or IRC section (see	docume	_	Заррог	C -	III cite c	, , ,			
				instructions))	Yes	No	Yes	No	Yes	No	\dashv		
					162	140	163	140	163	140	-+		
										+	-		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning							
	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on D. matamakada asan							
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							
4.0	10)		<u> </u>					
12	Gross receipts from related activities					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
	and stop here. The organization qua				1 . 13 33 1/3/0	31 111010,	c C	▶ □
b	33 1/3% support test—2011. If the				and line 15 is 33	1/3% or n	nore, ch	eck this
4-7	box and stop here. The organization				12 16	L	. 1 4	► □
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	,	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	on meets the T	acts and-circuili	stances test III	ic organization qu	umca 05 (- Public	'y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	47,836	39,586	35,895	38,422	3	35,796	197,535
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	19,985	20,423	25,943	25,435	2	28,005	119,791
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	67,821	60,009	61,838	63,857	6	3,801	317,326
	Amounts included on lines 1, 2,		, , , , , ,	,	,			,
	and 3 received from disqualified persons							0
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							0
_	Add lines 7a and 7b						-+	0
8	Public support (Subtract line 7c from line 6)							317,326
	ction B. Total Support							
	ndar year (or fiscal year beginning			T			$\neg \tau$	
Cuic	in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total
9	A mounts from line 6	67,821	60,009	61,838	63,857	6.	3,801	317,326
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
C	Add lines 10a and 10b							0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,037	1,382	2,285	4,153	;	3,522	13,379
13	Total support. (Add lines 9, 10c, 11, and 12)	69,858	61,391	64,123	68,010	6	7,323	330,705
14	First five years. If the Form 990 is f check this box and stop here	or the organization	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3)	organı	zation,
Se	ction C. Computation of Publ							
15	Public support percentage for 2012	(line 8, column (f	a) divided by line	13, column (f))		15		95 954 %
16	Public support percentage from 201					16		95 577 %
	ction D. Computation of Inve				(6))			
17	Investment income percentage for 2		* *		n (†))	17		0 %
18	Investment income percentage from	2011 Schedule A	A, Part III, line 1	7		18		0 %
19a	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a						, and I	ine 17 is not ▶✓
b	33 1/3% support tests—2011. If the						n 33 1	

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization UNITED STATES BOWLING CONGRESS INC OAHU USBC BA **Employer identification number**

90-0270279

ldentifier	Return Reference	Explanation
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description AVERAGE BOOK AD Amount 1200
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description AVERAGE BOOK SALE Amount 65
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description LANE CERTIFICATION FEE Amount 921
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description MISCELLANEOUS Amount 1336
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description BANK SERVICE CHARGE Amount 12
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description CONVENTION Amount 1151
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description INSURANCE Amount 873
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description OFFICE EXPENSE Amount 4164
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description PROMOTION Amount 895
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description PAYROLL EXPENSE Amount 1732
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description LICENSE Amount 5
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MEETING Amount 224
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description ASSOCIATION TOURNAMENT Amount 24079
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description SOUVENIRS Amount 261
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description LANE CERTIFICATION FEE Amount 1801
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description DEPRECIATION Amount 2313
OTHER LIABILITIES SCHEDULE	FORM 990EZ PART II LINE 26	Description PAYROLL TAXES WITTHELD BOY Amount 281 EOY Amount 347

Software ID: Software Version:

EIN: 90-0270279

Name: UNITED STATES BOWLING CONGRESS INC

OAHU USBC BA

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

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ARTHUR MACHADO ASSOCIATION MANAGER	20 0	10,132	0	0
LAURA J FERREIRA DIRECTOR	20 0	8,834	0	0
EDWARD MEDEIROS PRESIDENT	2 0	0	0	0
CAROL SHIRAISHI 1ST VICE PRESIDENT	2 0	0	0	0
ALLEN WALLACE 2ND VICE PRESIDENT	2 0	0	0	0
PHIL WEYL 3RD VICE PRESIDENT	2 0	0	0	0
ERNEST TAVARES SERGEANT OF AMRS	2 0	0	0	0
CLAUDE KIPI DIRECTOR	2 0	0	0	0
LESLIE E OLLER DIRECTOR	2 0	0	0	0
ERNEST BROOKS DIRECTOR	2 0	0	0	0
MELVIN MATSUURA DIRECTOR	2 0	0	0	0
DARRELL POJAS DIRECTOR	2 0	0	0	0
RANDALL M FUJII DIRECTOR	2 0	0	0	0
RALPH MOORE DIRECTOR	2 0	0	0	0
EARLE SUYEOKA DIRECTOR	2 0	0	0	0