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990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-1150

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

AI	or the	2012 calenda	r year, or tax year beginning Septem	nber 1 , 2012,	and ending	Augu	ist 31 , 20	13
В	heck if ap	plicable	C Name of organization			D Employe	r identification numb	per
	Address change The National Bowling Association, Junior Program and Scholarship Program, Inc.						13-3028697	
	Name char	nge	Number and street (or P O. box, if mail is not delivered to	o street address)	Room/suite	E Telephon	e number	
$\overline{}$	Initial retur		7463 N. Marblehead Road				(330) 528-0436	
$\overline{}$	Terminated Amended i		City or town, state or country, and ZIP + 4			F Group E	xemption	
=	Application	· · · · · · · · · · · · · · · · · · ·	Hudson, OH 44236-4630			Number	· •	
_		ing Method:	✓ Cash		н	Check ► [If the organization	on is not
	N ebsit		tnbainc org			required to	attach Schedule B	1
JT	ax-exem	npt status (che	ck only one) - 🗹 501(c)(3) 🔲 501(c)() ◀ (i	insert no)	527	(Form 990,	990-EZ, or 990-PF).
K	Check ▶	□ If the	organization is not a section 509(a)(3) supporting of	organization or a section!	527 organizati	on and its gr	oss receipts are no	ormally
		than \$50,000	A Form 990-EZ or Form 990 return is not require	ed though Form 990-N (e	-postcard) ma	ay be require	d (see instructions). But if
			ses to file a retum, be sure to file a complete retur					
L A	dd lines	5b, 6c, and 7l	o, to line 9 to determine gross receipts. If gross receip	ots are \$200,000 or more,	or if total asset	s (Part II,		
li	ne 25, co	, ,	w) are \$500,000 or more, file Form 990 instead of For			. •	\$	
Р	art I	Revenue	e, Expenses, and Changes in Net Asso	ets or Fund Balanc	es (see the	instructio	ns for Part I)	_
			the organization used Schedule O to resp					. 🗹
	1	Contributio	ns, gifts, grants, and similar amounts receive	ed		1		17,255
	2	Program se	ervice revenue including government fees an	d contracts		2		
	3	Membershi	p dues and assessments			🔼 3	<u> </u>	900
	4	Investment	income			4	,	
	5a	Gross amo	unt from sale of assets other than inventory	5a				
2013	b		or other basis and sales expenses					
2	С	Gain or (los	ss) from sale of assets other than inventory (S	Subtract line 5b from I	ıne 5a)	5	<u>c</u>	
6	6		d fundraising events					
_	а		ome from gaming (attach Schedule G if	greater than				
≥		\$15,000)		<u>6a</u>	<u></u>			
₩	b		me from fundraising events (not including $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		f contributioi	ns	1	
			aising events reported on line 1) (attach Scl		1			
SCANNED NOV			h gross income and contributions exceeds \$					
氢	С		t expenses from gaming and fundraising eve		<u> </u>			
\leq	d		e or (loss) from gaming and fundraising eve		d 6b and su			
6		line 6c) .				. 6	<u>d </u>	
•	7a		s of inventory, less returns and allowances					
	b		of goods sold				_	
	C		it or (loss) from sales of inventory (Subtract li			7		
	8		, ,			. • •		18,155
_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			·	0	14,000
	11		I similar amounts paid (list in Schedule O) aid to or for members	REC	EINED	1		
m		•	ther compensation, and employee benefits	L			2	_
se	12 13		al fees and other payments to independent o	contractors DIT	2.8.2013	0 (~ 3 0	3	
Expenses	14		y, rent, utilities, and maintenance		2.0.2012	8 6 6 D h -	4	
X	15		ublications, postage, and shipping				5	
	16	• .	enses (describe in Schedule O)			1 ∶ { } } —	6	8,413
	17		enses. Add lines 10 through 16	III			7	22,413
_	18	Excess or	(deficit) for the year (Subtract line 17 from lin	e 9)	_ : _ : · · ·		8	(4,258)
ets	19		or fund balances at beginning of year (from				-	
SSI			ir figure reported on prior year's return)				9	85,834
Net Assets	20	•	nges in net assets or fund balances (explain i			<u> </u>	90	
ž	21		or fund balances at end of year. Combine li				1	81,576

Par						
	Check if the organization used Schedule (O to respond to an				
			<u> </u>	A) Beginning of year) End of year
22	Cash, savings, and investments			,	22 8	31,576
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	_
25	Total assets				25	
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (26 27 {	31,576
27 Pan					21	31,370
rail	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	Education				red for section 3) and 501(c)(4)
	ribe the organization's program service accomplis	 			organiz	rations and section
as m	neasured by expenses. In a clear and concise magness benefited, and other relevant information for each	anner, describe the	services provided,	the number of	for othe)(1) trusts; optional ers.)
28	Scholarships (17) Book Sti	ipends (-7-)				
					1	
	(O) 1 (A) 1				28a	14,000
	(Grants \$) If this amount i	ncludes foreign gra	nts, check here .	· · · P U	20a	14,000
29		•••••			1	
	(Grants \$) If this amount i	ncludes foreign gra	nts, check here .	▶ □	29a	
30						
	} 		nts, check here .		30a	
31	Other program services (describe in Schedule O)					
22	(Grants \$) If this amount Total program service expenses (add lines 28a ti		nts, check here .		31a 32	14,000
		iliuuulivia,			32	173000
					tructio	ons for Part IV
	t IV List of Officers, Directors, Trustees, and Key	Employees List each	n one even if not comp	ensated (see the ins		_
		Employees List each O to respond to a	n one even if not comp	ensated (see the ins		_
	t IV List of Officers, Directors, Trustees, and Key	Employees List each O to respond to an (b) Average hours per week	n one even if not comp ny question in this f (c) Reportable compensation	pensated (see the instant IV	 e (e) E	stimated amount of
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees List each O to respond to an (b) Average	n one even if not comp ny question in this f (c) Reportable	pensated (see the instant IV	e (e) E	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the instance of	e (e) E	stimated amount of
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rgaret S. Lee	Employees List each O to respond to an (b) Average hours per week	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC)	pensated (see the instant IV	e (e) E	stimated amount of
Ma 38 Ge	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title rgaret S. Lee 5 Clinton Ave., Brooklyn, NY 1123 orge Hull	Employees List each O to respond to an (b) Average hours per week devoted to position Chairman	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the instance of	e (e) E	istimated amount of her compensation
Ma 38 Ge 87	Check if the organization used Schedule (a) Name and title rgaret S. Lee 5 Clinton Ave., Brooklyn, NY 1123 orge Hull 1 W 15th St., Upland, CA 91786	Employees List each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the instance of	e (e) E	stimated amount of her compensation
Ma: 38 Ge: 87 Ba	Check if the organization used Schedule (a) Name and title rgaret S. Lee 5 Clinton Ave., Brooklyn, NY 1123 orge Hull 1 W 15th St., Upland, CA 91786 rbara Vaughan	Employees List each O to respond to an (b) Average hours per week devoted to position Chairman	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) -0-	pensated (see the instance of	ee (e) E	stimated amount of her compensation -0-
Ma 38 Ge 87 Ba P.	Check if the organization used Schedule (a) Name and title rgaret S. Lee 5 Clinton Ave., Brooklyn, NY 1123 orge Hull 1 W 15th St., Upland, CA 91786 rbara Vaughan 0 Box 703, LaPlata, MD 20646	Employees List each O to respond to an (b) Average hours per week devoted to position Chairman	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated (see the instance of	ee (e) E	istimated amount of her compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Institutions for Fair Vy Orieck if the organization used ochedule of to respond to any question in this	<u> </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	100	<u> </u>
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	- 1	
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		•
L		35b		~
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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		~
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
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		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	, !		
b	Gross receipts, included on line 9, for public use of club facilities			1
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		~
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			
е	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		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
			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		~
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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c	L	~
·d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	L	ļ	
	explanation in Schedule O	44d	Ļ.	~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	~
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		~

									_ Y	es	NO
46 I	Did th	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in op	positio	on 🗀			
		ndidates for public office? If "Yes," c		Part I			•	4	46	L	~
Part V		Section 501(c)(3) organizations		otiono 47 40h or	-d EO	حاجمت ا		4-6-1-		. ۔ ۔ ا	_
		All section 501(c)(3) organizations 50 and 51	s must answer que	stions 47–49b ar	10 52, an	a compie	te tne	table	s for	iine	5
		Check if the organization used Sch	edule O to respond	to any question i	in this Par	+ VI					
		Significant deed on	iodalo o to respond	to any question	iii iiiio i ai			<u> </u>		es	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in ef	fect during	the t	ах Г			•••
		If "Yes," complete Schedule C, Part							47		~
48 I	ls the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," comple	te Schedu	ıle E		4	48	T	~
		he organization make any transfers to			anization?			4	9a	Ι	~
		es," was the related organization a se							9b		1
50 (Comp	plete this table for the organization's	five highest compen	sated employees	other thar	n officers, o	directo	rs, tru	stees	and	key
	empi	oyees) who each received more than	\$100,000 of comper	isation from the or				, enter	r "Non	ie."	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		Health benefit utions to emp		(e) Estin	nated a	moun	t of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		plans, and de ompensation	ferred	other	comper	nsatio	n
					—	ompensation					
		-	<u> </u>	-					_		
			<u> </u>	<u> </u>							
		number of other employees paid over		. •							
51 (Comp \$100	plete this table for the organization's ,000 of compensation from the orgai	s five highest compe	ensated independe	ent contra	ctors who	each	receiv	ed m	ore 1	thar
				The, enter None.					_		
(a) N	ame a	nd address of each independent contractor pair	d more than \$100,000	(b) Type of	service		(c) (Compen	sation		
				-							
	-										
		-									
•••••											
					,						
•••											
d ⁻	Total	number of other independent contra	ctors each receiving	Over \$100,000		<u> </u>					
		ne organization complete Schedule A	_		ons and 40	947(a\(1\					
r	none	xempt charitable trusts must attach a	completed Schedul	e A		· · · ·	. •	> 17 Y	es [¬ N	0
Under per	nalties	of perjury. I declare that I have examined this re	eturn, including accompan	ving schedules and stat	ements, and	to the best o	f my kno				
true, corre	ect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any k	nowledge	,				_
•		Gadelyn Hardy				Octo	ber	23.	201	3	
Sign		Signature of officer				Date					
Here	1	Madelyn Hardy, Treas	urer			0	ctobe	<u>er 2</u>	3,2	013	3
	Щ,	Type or print name and title	In		-						
Paid		Print/Type preparer's name	Preparer's signature		Date	Che		ıf PTI	IN		
Prepa			<u> </u>				employe	∌d			
Use O	nly	Firm's name		_		Firm's EIN	<u> </u>				
May the	IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no		-	/es 「	□ NI	

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 13-3028697 The National Bowling Association, Junior Program and Scholarship Program, Inc. 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **d** Type III–Non-functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (vi) Is the in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support (i) organized in the US? above or IRC section governing document? col (i) of your (see instructions)) support? Yes Yes No Yes No Nο (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	te Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(3) 2000	(6) 20:0	(4) 20	(0) = 0 1 2	(1)
	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)			,			
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			-			ļ
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						
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						
12	Gross receipts from related activities, etc	-	•			12	504/-\/0\
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's tirst, secon	ia, tnira, tourti	i, or titth tax y	ear as a secti	on 501(c)(3)
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6			11. column (fl)		14	%
15	Public support percentage from 2011 Scl		•			15	%
16a	331/3% support test-2012. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33¹		check this
	box and stop here. The organization qua	•		-			_
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ai ation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c ts-and-circums	rcumstances" stances" test.	' test, check ti The organizatio	his box and s on qualifies as	top here . a publicly
18	Private foundation. If the organization di						_

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.)

	if the organization falls to quality	under the te	sta liated beit	JW, please cc	implete rait i	''/	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	14,877	32,915	14,710	36,895	18,155	117,552
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				÷,		
6	Total. Add lines 1 through 5	14,877	32,915	14,710	36.895	18,155	117,552
7a	Amounts included on lines 1, 2, and 3	_ , , ~ , ,				_	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	14,877	32,915	14,710	36,895		117,552
8	Public support (Subtract line 7c from						117,552
	line 6.)			<u> </u>			117,002
	on B. Total Support			1	4.0044		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	14,877	32,915	14,710	36,895	18,155	117,552
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			 			
D	section 511 taxes) from businesses						
	acquired after June 30, 1975			}			
С	Add lines 10a and 10b			<u> </u>			
11	Net income from unrelated business	Mar and 4 .					
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						_
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	14,877	32,915	14,710	36,895	18,155	117,552
14	First five years. If the Form 990 is for the	_	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he			<u> </u>			🕨 🗌
	on C. Computation of Public Support						
15	Public support percentage for 2012 (line		-			15	1%
16	Public support percentage from 2011 Sci			<u> </u>	<u> </u>	16	1 %
	on D. Computation of Investment In			nulina 40 astro	(f)	147	0/
17	Investment income percentage for 2012 (* *	-		17	<u>%</u> %
18	Investment income percentage from 201: 331/3% support tests—2012. If the organ						
19a	17 is not more than 331/3%, check this box						
L	331/3% support tests—2011. If the organia						
þ	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization d						
20	und roundation il tile digaritzation di	S HOLDING A	SON OFFICE 15	, , , ou, or rob, '	5 OOK WIID DOX	JJG 11.JG	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

The National Bowling Associati	ion, Junior Program and Scholarship Program, Inc	13-3028697
990EZ - Part 1		
Line 10 - Scholarships (17)	Book Stipends (7)	
	ce Calls / Meetings / Condolence / Bank Charges / Supplies	,

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
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