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DLN: 93492130014556

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Short Form

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury

B Check if applicable Address change Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite D Employer identification number 23-1928491 Filenhope number			2045					
Tradition studing					D Emple	ver iden	tification number	
Runther and street (of P 0 box, if mails not delivered to street address) Rooms state Runther and street (of P 0 box, if mails not delivered to street address) Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of province, country, and ZIP or foreign postal code Rooms state of Post State (Post State S	□ Address change □ Name change □ Initial return □ Final return/terminated			BOWLING PROPRIETORS ASSOCIATION OF	·	-	incution number	
Presidential pending Cey or town, state or prevance, country, and ZIP or foreign postal code ARLINGTON, TX 76005 GA accounting Method Cash FAccrual Other (specify) ► TW websites: ► www.PMagoxin.coom Transcenents stated class only and provided in the provided in t								
Case of town, spate or province, country, and ZIP or forcing postal code					Ereiephe			
## Check Fig. Faccinary The Companion Check Fig. The proposition Faccinary								
Nebsite: MacWeB620MB3 C201 State Paccrual Other (specify)								
# Required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **Time Store Transport				,	Numbe			
# Required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **Time Store Transport			-	н с	neck ▶ I⊽ıfthe	organiz	ation is not	
Twebsite:	G A	ccoun	ting Method F	TCash FAccrual Other (specify) ►re	quired to attach	Schedu	ıle B	
Tax-exempt status(check only one) - Total (c)(3) F SOI(c)(6) (meet no) T 494/(a)(1) or Total	T 144	والماما	- \^^^\	i '	orm 990, 990-	EZ, or 9	90-PF)	
Note								
Ladd lines Sb, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column Bob below) are \$500,000 or more, file Form 990 = 82				1				
Specific					ro or if total ac	cata (Da	rt II. column	
Check if the organization used Schedule O to respond to any question in this Part	(B)	below) are \$500,000	or more, file Form 990 instead of Form 990-EZ	► \$ 9	5,533		
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 47,448 3 47,448 4 4 4,022 5 3 Membership dues and assessments 4 4 4,022 5 5 6 5 5 5 5 5 5 5	Р	art I						
2 Program service revenue including government fees and contracts 3 41,323 3 47,448 4 1 1 1 1 1 1 1 1 1		1					,	
3		_					41 323	
4 Investment income 4 4 4 4 4 5 5 5 5 5		_						
Sa			·					
b Less cost or other basis and sales expenses	_	-					4,022	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . Ga b Gross income from fundraising events (not including \$					2,740	-		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . Ga b Gross income from fundraising events (not including \$	III.	b						
a Gross income from gaming (attach Schedule G if greater than \$15,000) . Ga b Gross income from fundraising events (not including \$	eve	С				5c	2,/40	
b Gross income from fundraising events (not including \$	œ	6	_					
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 45,099 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 Excess or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 10 Total expenses.		а	Gross income	from gaming (attach Schedule G if greater than \$15,000) . 6a				
c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances		b						
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			sum of such gr	ross income and contributions exceeds \$15,000)				
7a Gross sales of inventory, less returns and allowances 7a 7b 7b 7c 7c 7c 7c 7		c	Less direct ex	xpenses from gaming and fundraising events 6c				
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Harmonic Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) C Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) C Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) C Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) C Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) C Gross profit or (loss) from sales of fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales of inventory (Subtract line 18 through 20 C Gross profit or (loss) from sales of fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances at end of year Combine lines 18 through 20 C Gross profit or (loss) from sales or fund balances or fu		d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract I	ıne 6c)	6d		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	Gross sales of	f inventory, less returns and allowances				
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 95,533 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 45,099 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 -10,465 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 152,866		b	Less cost of g	goods sold				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 95,533 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 45,099 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 15 649 16 Other expenses (describe in Schedule O) 16 47,272 17 Total expenses. Add lines 10 through 16 17 93,020 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,513 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 160,818 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -10,465 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 152,866		С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
10 Grants and similar amounts paid (list in Schedule O)		8	O ther revenue	(describe in Schedule O)		8	_	
10 Grants and similar amounts paid (list in Schedule O)		9	Total revenue.	.Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🕨	9	95,533	
11 Benefits paid to or for members		10				+ - +	<u>·</u>	
12 Salaries, other compensation, and employee benefits				· · ·				
13 Professional fees and other payments to independent contractors			•					
16 Other expenses (describe in Schedule O)	Ň.		•			\vdash	45.099	
16 Other expenses (describe in Schedule O)	nse						,	
16 Other expenses (describe in Schedule O)	ed X						649	
17 Total expenses. Add lines 10 through 16	Ü		=			\vdash		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)								
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_			•	· · · •	+		
20 Other changes in net assets or fund balances (explain in Schedule O)	<u>ه</u>					18	2,513	
20 Other changes in net assets or fund balances (explain in Schedule O)	55	19						
21 Net assets or fund balances at end of year Combine lines 18 through 20	et.		,	· · · · · · · · · · · · · · · · · · ·				
	Z	20	_			20		
				·	•			

Part II Balance Sheets (see the instructions for Part II)

Charles the american condition of	O to seemed to any avertion in this Doub II	_
Check if the organization used Schedule	O to respond to any question in this Part II	

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	166,588	170,009
23	Land and buildings		23
24	Other assets (describe in Schedule O)	21,013	14,934
25	Total assets	187,601	25 184,943
26	Total liabilities (describe in Schedule O)	26,783	26 32,077
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) $$. $$.	160,818	27 152,866

	of Program Service Accomplishments (see the instructions for Part III) ganization used Schedule O to respond to any question in this Part III	(Re	Expenses quired for section 501	
What is the organization's p BOWLING PROPRIETORS A BOWLING IN PENNSYLVA	(c)(3) and 501(c)(4) organizations, optional for others)			
measured by expenses In a	program service accomplishments for each of its three largest program services, as a clear and concise manner, describe the services provided, the number of persons t information for each program title			
CONFERENCES, AND SI	RS ASSOCIATION OF PENNSYLVANIA PROVIDES TOURNAMENTS, EMINARS FOR THE PURPOSE OF PROMOTING AND EDUCATING THE PUBLIC GES AND BENEFITS OF BOWLING If this amount includes foreign grants, check here ►	28a	0	
29		200	0	
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	29a		
30				
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	30a		
31 Other program services	(describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	31a		
32 Total program service ex	penses (add lines 28a through 31a)	32		
Part IV List of Officers	s, Directors, Trustees, and Key Employees (list each one even if not compensated — see the ins	truction	ns for Part IV)	

Check if the organization used Schedule O to respond to any question in this Part IV.

(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
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
1 00	0	0	0
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1 00	0	0	0
	hours per week devoted to position 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1 00	hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) 1 00	Nours per week devoted to position Compensation (Forms W-2/1099- MISC) (if not paid, enter -0-) Nours per week devoted to position Compensation (Forms W-2/1099- MISC) (if not paid, enter -0-) Nours per week devoted to position Nours per week devoted to position Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee benefit plans, and deferred compensation Nours per week employee Nour

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem	ents	n the	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part $^{\circ}$	v		ত
			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			110
	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	Yes	
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	1 03	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	50		NO
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
50 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	500		110
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of by BOWLING PROPRIETORS ASSOC Telephone no	(81	7)649	-5105
	Located at ► 621 SIX FLAGS DRIVE ARLINGTON, TX ZIP + 4 ■	- _ 76	011	
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	421	Yes	No
	account)?	42b		Νo
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🛌			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶ ⊏	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			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
	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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
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		Νo
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		

rm 990-EZ	(2015)						1	Page
							Yes	No
	organization engage, directly or indi ates for public office? If "Yes," comp				n oppositioi • • • •			No
	Section 501(c)(3) organiza					140		NO
	All section 501(c)(3) organization 51		uestions 47-49b and	d 52, and	complete	the tabl	es for lı	nes 50
	Check if the organization used Sche	dule O to respond to a	any question in this Pa	rt VI		<u> </u>		<u></u>
							Yes	No
	organization engage in lobbying act ," complete Schedule C , Part II	ivities or have a secti	on 501(h) election in e	effect durir	ig the tax y	ear [?] 47		
Is the c	organization a school as described ir	section 170(b)(1)(A)(11)? If "Yes," complet	e Schedul	e E	48		
a Did the	organization make any transfers to	an exempt non-charita	able related organization	on?		498	1	
f"Yes,	," was the related organization a sec	tion 527 organization	?			491	,	
	ete this table for the organization's fi							•
	ees) who each received more than \$ me and title of each employee	(b) A verage	(c) Reportable		ere is none, alth benefit		ne " stimated	d amou
(4)		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	cont employe and	ributions to e benefit pla d deferred apensation		of othe	er
				2011	ipensacion .			
f Total	number of other employees paid ove	r\$100,000 .				▶_		
Comple	number of other employees paid ove ete this table for the organization's fi pensation from the organization If th (a) Name and business address of	ve highest compensat ere is none, enter "No	one "		each receiv		than \$10 mpensati	
Comple	ete this table for the organization's fi pensation from the organization If th	ve highest compensat ere is none, enter "No	one "					
Comple	ete this table for the organization's fi pensation from the organization If th	ve highest compensat ere is none, enter "No	one "					
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Comple of comp d Total	number of other independent contraction complete Schedule A	ve highest compensat ere is none, enter "No each independent cor	over \$100,000	(b) Type	ofservice		mpensati	on
Comple of comp d Total Did tl	number of other independent contract	ve highest compensat ere is none, enter "No each independent cor	over \$100,000	(b) Type	ofservice		mpensati	on
Comple of comp d Total Did tl comp	number of other independent contraction complete Schedule A	ve highest compensatere is none, enter "No each independent cor	over \$100,000 501(c)(3) organization ing accompanying scheo	(b) Type	of service ach a	(c) Co	mpensati	on es r
Comple of comp d Total Did th comp	number of other independent contraction and belief, it is true, correct, and complete and belief, it is true, correct, and complete and	ve highest compensatere is none, enter "No each independent cor	over \$100,000 501(c)(3) organization ing accompanying scheo	(b) Type	of service ach a tatements, a	(c) Co	mpensati	on es r
Comple of comp d Total Did ti comp der penaltie wiedge and wiedge.	number of other independent contraction and solution in the organization. If the case of t	ve highest compensatere is none, enter "No each independent cor	over \$100,000 501(c)(3) organization ing accompanying scheo	(b) Type	of service ach a	(c) Co	mpensati	on es r
Comple of comp der penaltie wiedge and wiedge.	number of other independent contraction and belief, it is true, correct, and complete signature of officer ******* Signature of officer FRANK DESOCIO DIRECTOR	ve highest compensatere is none, enter "No each independent cor	over \$100,000 501(c)(3) organization ing accompanying scheo	(b) Type	of service	(c) Co	mpensati	on es 「N
Comple of comp der penaltie wiedge and wiedge.	number of other independent contraction and belief, it is true, correct, and complete signature of officer FRANK DESOCIO DIRECTOR Type or print name and title Print/Type preparer's name	ve highest compensatere is none, enter "No each independent cor	over \$100,000	(b) Type s must att dules and s based on	of service ach a tatements, a all informati	(c) Co	mpensati	on es 「N
d Total 2 Did ti comp	number of other independent contraction and belief, it is true, correct, and complete signature of officer FRANK DESOCIO DIRECTOR Type or print name and title Print/Type preparer's name KIMBERLY ANDERSON CPA	ve highest compensation in the preparer's signature	over \$100,000	(b) Type s must att dules and s based on 2 Cheself	of service	(c) Co	mpensati	on es \(\bar{N} \)
d Total Did ti comp der penaltie owledge and owledge.	number of other independent contraction and business address of other independent contraction and belief, it is true, correct, and complete signature of officer FRANK DESOCIO DIRECTOR Type or print name and title Print/Type preparer's name KIMBERLY ANDERSON CPA Firm's name CLIFTONLARSONALLI	ve highest compensation in the preparer's signature Preparer's signature EN LLP	over \$100,000	(b) Type s must att dules and s based on 20 D Chesself Firm	of service ach a tatements, a all informati 016-05-06 ate ck feemployed 's EIN 41-0	(c) Co	mpensati	on es \(\bar{N} \)
d Total 2 Did ti comp	number of other independent contraction and belief, it is true, correct, and complete signature of officer FRANK DESOCIO DIRECTOR Type or print name and title Print/Type preparer's name KIMBERLY ANDERSON CPA	ve highest compensationer is none, enter "No each independent con each independent con each independent con each receiving of a Note. All Section 5 ined this return, include. Declaration of prepared enter	over \$100,000	(b) Type s must att dules and s based on 20 D Chesself Firm	of service	(c) Co	mpensati	on es \(\bar{N} \)

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: BOWLING PROPRIETORS ASSOCIATION OF

PENNSYLVANIA

EIN: 23-1928491

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

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DLN: 93492130014556

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part	Ш
--	---

▶	
	\$ <u>_</u>
3	

BOV	me of the organization WLING PROPRIETORS ASSOCIATION O INSYLVANIA	F		Employer iden 23-1928491	tification number
Par	t I-A Complete if the o	rganization is exempt under	section 501(organization.
1 2	Provide a description of the o	rganization's direct and indirect polit	ıcal campaıgn act	ıvıtıes ın Part IV	
Polit	ical expenditures				
Þ	•				
3					\$
_	nteer hours				
	need nears				
Par	t I-B Complete if the o	rganization is exempt under	section 501(c)(3).	
1	Enter the amount of any exci	se tax incurred by the organization ur	nder section 4955		\$
2	Enter the amount of any excu	se tax incurred by organization mana	ners under section	14955	¢
_		▶		, 1333	Ψ
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a					
Was	a correction made?				
⊢ γ	es No				
•	If "Yes," describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under	section 501(), except section 50	1(c)(3).
1	Enter the amount directly exp	pended by the filing organization for s	ection 527 exemp	t function activities	\$
2	•				
Ente	r the amount of the filing organ	ızatıon's funds contributed to other o	rganızatıons for se	ection 527	
exen	npt function activities				
•					
					\$
3	Total exempt function expend	ditures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	r				
Dıd t	the filing organization file Form	1120-POL for this year?			
– ,	- N-				
万 Υ ∘	Enter the names, addresses organization made payments amount of political contributions	and employer identification number (E For each organization listed, enter those received that were promptly and a political action committee (PAC) Is	ne amount paid fro directly delivered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
i e				
5				
5				

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

ochedule C (I	01111 330 01 330 62)2013	Page
Part II-A	Complete if the organization is exempt under section 501(c)(3) an	d filed Form 5768 (election
	under section 501(h)).	

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Filing organization's	(b) Affiliated
(The term "expenditures" means amounts paid or incu	ırred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

For each "Yes" i activity.	filed Form 5768 (election under section 501(h)).	(a)	(b)
	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum,	Yes	
a	the use of	1 1	I
olunteers?	i		
b Paid star] f or management (include compensation in expenses reported on lines 1c through 1i)?		J
c Iedia advertis	ements?		
	<u> </u>		
d lailings to me	mbers, legislators, or the public?		
e Publicat	ons, or published or broadcast statements?		
f Grants to	other organizations for lobbying purposes?		
g Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i) ther activitie	s?		
j otal Addies	s 1 s through 1.		
otal Add line	s 1c through 1:		
	ctivities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912		-
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	İ	
d If the fili	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	」 501(c)(5),	or section
	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?	-	1 No
2 Did the o	rganization make only in-house lobbying expenditures of \$2,000 or less?	-	2 No
Did the o	rganization agree to carry over lobbying and political expenditures from the prior year?	-	3 Yes
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1 Jues, assessn	nents and similar amounts from members		
1	47,448		
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a	,		
urrent year			
2a	19,740		
b	last year		
_			
_	10,135		
arryover from 2b c	10,135		
arryover from 2b c	10,135 29,875		
arryover from 2b c otal 2c 3 Aggrega		3	21,352
2b C otal 2c 3 Aggrega 4 f notices were oes the organ	29,875	3	21,352
2b c otal 2c 3 Aggrega 4 f notices were loes the organ	29,875 te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and	3	21,352
2b c otal 2c 3 Aggrega 4 f notices were loes the organ	29,875 te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?	3	21,352
2b C otal 2c 3 Aggrega 4 f notices were loes the organiolitical expen	29,875 te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and	5	21,352
2b C otal 2c 3 Aggrega 4 f notices were loes the organiolitical expen	29,875 te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		21,352
c otal 2c 3	29,875 te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year? 8,523 amount of lobbying and political expenditures (see instructions)	5	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492130014556

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 990-EZ or to provide any additional information.

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
BOWLING PROPRIETORS ASSOCIATION OF	
PENNSYLVANIA	23-1928491

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND INCOME AMOUNT 4,022
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 682 DESCRIPTION MANAGEMENT FEES AMOUNT 12,000 DE SCRIPTION MISCELLANEOUS EXPENSES AMOUNT 305 DESCRIPTION TRAVEL AMOUNT 3,692 DESCRIPTION CONTRIBUTIONS/CHARITABLE GOODWILL AMOUNT 250 DESCRIPTION CLINIC EXPENSES AMOUN T 250 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 325 DESCRIPTION MEMBERSHIP RECRUITING /MEETINGS AMOUNT 10,749 DESCRIPTION TOURNAMENT EXPENSES AMOUNT 5,155 DESCRIPTION B PAA UNLIMITED ONLINE CLASSES AMOUNT 9,999 DESCRIPTION LEGISLATIVE EVENT EXPENSE AMOUNT T 3,865 TOTAL TO FORM 990-EZ, LINE 16 47,272
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAINS/LOSSES AMOUNT -10,465
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,538 END OF YEAR AMOUNT 1,027 DESC RIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 18,475 END OF YEAR AMOUNT 13,907
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 390 END OF YEAR AMOUNT 0 DESCRIPTIO N DEFERRED REVENUE BEG OF YEAR AMOUNT 26,393 END OF YEAR AMOUNT 32,077