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Forr	, 9 9	9.0	Return of Organization Exempt From Income Ta	X	OMB No 1545-0047
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undations'	2016
	+		Do not enter social security numbers on this form as it may be made public	-	Open to Public
Dep:	artment o nal Rever	f the Treasury nue Service	▶ Information about Form 990 and its instructions is at www.irs.gov/form990	170/	Inspection
Ā	For the	2016 cale	ndar year, or tax year beginning August 1 , 2016, and ending July		, 20 17
В	Check if	applicable	C Name of organization Great Plains United States Bowling Congress, Inc.		r identification number
	Address		Doing business as		20-3402042
$\bar{\Box}$	Name cl	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	
	Initial ref		1506 E. Lewis		316-267-4462
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amende	d return	Wichita, KS 67211	G Gross red	ceipts \$ 102,896
	Applicat			oup return for s	ubordinates? Yes No
	.,				included? Yes No
1	Tax-exe	mpt status	√ 501(c)(3) √ (insert no) √ 4947(a)(1) or √ 522 If "No	o," attach a	list (see instructions)
J	Website		H(c) Group	exemption i	number 🕨
ĸ	Form of	organization	✓ Corporation Trust Association Other ► L Year of formation	M State	of legal domicile KS
P	art I	Summ	ary		
	1	Briefly de	scribe the organization's mission or most significant activities. promoting amateur	sports co	mpetition
é		•			
an	}				
Governance	2	Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than	25% of 1	ts net assets
Š	3	Number of	of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of	of independent voting members of the governing body (Part VI, line 1b)	4	19
Activities &	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
Ž	6		nber of volunteers (estimate if necessary)	6	
Aci	7a		elated business revenue from Part VIII, column (C), line 12	7a	
	ь	Net unrel	ated business taxable income from Form 990-T, line 34	7b	
			Prior Ye	ar	Current Year
•	8	Contribut	39,244	38,117	
Revenue	9		service revenue (Part VIII, line 2g)	45,367	52,186
eve	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	5,613	12,593
ď	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,224	102,896
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	10,747	10,000
	14	Renefite	paid to or for members (Part IX, column (A), line 4)		
v)	15	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 3, 102 102 102 102 102 102 102 102 102 102	20,927	20,981
xpenses	16a	Profession	onal fundraising fees (Part IX, column (A), line (1e)		
per	b		draising expenses (Part IX, column (D), line 25)	, ,,,	Y Y Y Y
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e) DEC. Do DEC	49,358	58,884
	18		penses Add lines 13–17 (must equal Part IX, column(A), line 25)	81,032	89,865
	19	•	less expenses. Subtract line 18 from line 12 . 100	9,192	13,031
200	 		Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	216,138	230,986
Ass	21		nilities (Part X, line 26) .	635	2,452
\$ 5 E	22		ts or fund balances. Subtract line 21 from line 20	215,503	228,534
P	art II	Signat	ture Block		
	e, correc	Sign	ry, I declare that I have examined this return, including accompanying schedules and statements, and to the Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date of officer Date officer Date of off	edge 16	ny knowledge and belief, it is
			e or print name and title		
Pa	iid	Print/Ty	pe preparer's name Preparer's signature Date	Check [If PTIN
	epare	Thoma	s M. Galbraith / Km / 1/06 1/1/13/201	7 self-emp	
	se On	1	name ► Thomas M Galbraith, CPA PA	's EIN ▶	48-1224520
		Firm's a		ne no	316-977-9262
Ma	y the l	RS discus	s this return with the preparer shown above? (see instructions)		. 📝 Yes 🗌 No
For	Paper	work Redu	ction Act Notice, see the separate instructions. Cat No. 11282Y		Form 990 (2016)



orm 990	0 (2016) Page 2
Part I	
1	Check if Schedule O contains a response or note to any line in this Part III
	and the second s
	promote amateur sports competition - bowling
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,851 including grants of \$) (Revenue \$)
79	The Organization established and managed various functions related to the bowling members' awards and
	banquet, which helps promote amateur sports competition, the tax-exempt purpose of the Organization
4b	(Code:) (Expenses \$
	The Organization participates in the annual United States Bowling Conference (a national event) which
	promotes sports competition by creating workshops and tournaments for amateurs.
	(O-1
4c	(Code) (Expenses \$ 27,238 including grants of \$) (Revenue \$) The Organization organizes, operates and sponsors various bowling tournaments to promote amateur
	sports competition
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 38,946

Form 990 (2016)

18



orm 00	0 (2016)	Ŧ	$\{Y\}$	\mathcal{L}
Part		<u></u>	<u> </u>	age (
uit	Oncornst of frequired octroducts		Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ.—-	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		t	\vdash

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

18

Part	Checklist of Required Schedules (continued)			
20 ~	Did the organization operate one or more hospital facilities? If "Vos." complete Schodule U	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		· ·
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," $complete\ Schedule\ J$	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	78.	Act 25 1 1 1 1 1 1 1 1 1	,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	√	√
			990	(2016

Form **990** (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2	,		,						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0		,							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1							
2a										
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	**	4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1							
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	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)?	4a		1						
b	If "Yes," enter the name of the foreign country ▶	70	7.0	3.4						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	~	3.							
	(FBAR).	N, ```		3						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		ż						
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7						
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ė						
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).		\$./							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	\$X	. 242.3							
	and services provided to the payor?	7a	1	1						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	**	, i. v							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		\$,						
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	. ¥.		, 37,36 						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	-	,							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-								
11	Section 501(c)(12) organizations. Enter.		}							
а	Gross income from members or shareholders	-	İ							
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them)			ļ						
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand	ļ	L.							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	Gee ins		
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	, , ,	ţ	1 1 1 1
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3 %	,* «	
a	The governing body?	8a	/	
þ	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
100	Did the examplation have lead chanters branches or effiliates?	10a	103	1.7
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7 //	8. 8	7 7
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	√ ✓	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	1
а	The organization's CEO, Executive Director, or top management official	15a	 	1
b	Other officers or key employees of the organization	15b	 	√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u>.</u>
	with a taxable entity during the year?	16a		1
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure	1.55	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict of interpretation of the conflict of the c	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	coras	•	
	MEDICIA A LICENES, 1300 F. LEWIS, WILLING, N.S. D./ C.L.			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch inles	s pe	ition more	than on the thick the thic	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) see attached statement								19,490	o	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C) Position													
	(A) Name and title			ot ch			e than c	one	(D)	(E)			7)	
							on is both a ctor/trusted		Reportable compensation	Reportable compensation f		Estin amoi		
		hours per week (list any		,		, -	,		from	related	j		ner	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organization (W-2/1099-MIS		compe		
		organizations	rect	utio	Q	emp	est o	ĕ	(W-2/1099-MISC)	(44-2/1099-1016	30,	organ	n the ization	
		below dotted	al tru	na.	}	oloy	e Si				İ	and re		
		line)	ıste	ag.	}	ě	Pen	1	į		- 1	organi	zations	
		ł	0	ee			Safe	}	1		- 1			
(15)								-						
(13)									1		- }			
(16)		 												
110)			}		}						- }			
(17)		}			-				 					
112		}	}		}		}	}						
(18)		 	 -		}						-+-			
(10)		}	}	}	}			}			- 1			
(19)		 		 	 	-								
(19)		 						}			1			
(20)	·	 						-						
35.9/		 		}				}	}		1			
(21)		 				-		-	 					
Y=1:1		}	}				}	1			1			
(22)	· · · · · · · · · · · · · · · · · · ·					1		-						
3		†		ļ	}		}]		}			
(23)		 			1							·		
32		†	}	}	}	}	}	}	}					
(24)				T										
2		1	l						}	<u> </u>				
(25)						Γ	}	Π						
			<u>L</u>		<u> </u>	<u> </u>	<u> </u>	L						
1b	Sub-total								19,490		0			0
С	Total from continuation sheets to Part	VII, Section	n A											
d	Total (add lines 1b and 1c)	-		<u>.</u>				<u> </u>	19,490		_o			0
2	Total number of individuals (including but		to th	1056	e lisi	ted	above	e) w	ho received m	ore than \$10	0,000	of		
	reportable compensation from the organ	ization >							00					
•	Dalatha a sanara da a lada a sanafa sana da	ee	.	A.			ا دما		siassas ar bimb		.aataal	13.		No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	noyee, or mgi	iest compen	SaleU	1.2.	1 & h	المريد
											th	3	 -, - -	<u> </u>
4	For any individual listed on line 1a, is the organization and related organizations												9 %	
	individual	greater in	מוו ש	, 50,	,000): '	, ,,	,	complete oci	leadle o loi	30011	4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
5	Did any person listed on line 1a receive of	r accille c		nea	· tion	fro	m anv	, v un	related organi	zation or indi	vidual			<u>v</u>
3	for services rendered to the organization	? If "Yes." o	comp	lete	Scl	hedi	ule J 1	for s	such person		· · · · · · · · · · · · · · · · · · ·	5	* t	<u>,</u> -
Section	on B. Independent Contractors												L	<u>-</u>
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receiv	ed more than	\$100	000 01		
•	compensation from the organization. Rep	port compe	nsati	on f	or ti	he c	alenc	lar y	year ending wi	th or within th	ne org	anızatı	on's tax	ĸ
	year	•						-	_		_			
	(A)							T	(B)			(C)		
	Name and business add	dress						1	Description of s	ervices		Compens		
								$oxed{\Box}$						
								<u> </u>						
								<u></u>						
2	Total number of independent contractor							o th	nose listed ab	ove) who		_ _		
	received more than \$100,000 of compens	sation from	tne o	rgar	ıızat	lion			0					

	990 (201									Page S
Par	t VIII °			.		a anu lina in the	Dod VIII			F1
1		Check if Schedule O	contains	a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Rev excluded under s 512	sections
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	· .	1a			revenue		512	-514
	b	Membership dues .	•	1b	38,117]	,	
	C	Fundraising events . Related organizations		1c	 	, ,	, ,		7	٠,
<u>a</u> 🖥	d	Government grants (con		1d 1e		L ** _ **,	1 3, 70	į		
Sin	f	All other contributions, gi		le	 		* ` `	· ·		*, *
ž ž	} '	and similar amounts not inc		1f	ł					
Contributions, and Other Sim	g	Noncash contributions include			1		·, ^ ^			•
Son	h	Total. Add lines 1a-1		ψ		38,117	, ,		1.5	
				<u>· · · · </u>	Business Code		+	1		y
Program Service Revenue	2a	Bingo ((513(f))				15,340	15,340	- 1	€ 4.3	Ł
æ	b	Tournament revenue				36,846	36,846			
JCe	С									
Ser	d									
Ĕ	е	***************************************								
ogre	f	All other program sen	vice revenu	ie .						
<u> </u>	g	Total. Add lines 2a-2			. •	52,186	* * * * * * * *	" M " W " " " "	a, 3, 3, 4, 1,	î,
	3	Investment income		divid	ends, interest,					
	}	and other similar amo				12,593	12,593			
	4	Income from investment	t of tax-exe	mpt b	ond proceeds ►				ļ	
	5	Royalties	····	•	· · · · · · · · · · · · · · · · · · ·				ļ	
			(ı) Real		(II) Personal				1 33	* 1 1 ,
	6a	Gross rents			 				17 3 6	
	b	Less: rental expenses	ļ 			* * * * * * * * * * * *				- 1 ×
	С	Rental income or (loss)			l	* * * * * * * *	\$		d him	3/12
	d	Net rental income or ((i) Securit		(ii) Other	 		* 2 3 4 4 8 7 7	* × ×	
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other					, ,
	Ь	Less cost or other basis	<u></u>		 	* * * * * * * * * * * * * * * * * * * *	****			*, **, *, *
	"	and sales expenses .			}	17.8879		* * * *		* * *
	c	Gain or (loss)			 	* * * * * * * * *		, ,		; ;
	d	Net gain or (loss)	l			· · · · · · · · · · · · · · · · · · ·			1	· í
]	ivet gain or (ioss) .	•	•		 ,,			<u> </u>	
Ę	8a	Gross income from fu	ındraising		}	,	1	!		
ē		events (not including \$			1	d L	ļ	ļ	,	
ě	}	of contributions reporte	ed on line 1	c).	1	,	}			
- I	{				1	ļ			}	, ,
Other Revenu	b	Less direct expenses		. b				` ·		7
0		Net income or (loss) fi		iising	events . ►	1			, , , ,	*
		Gross income from ga			<u> </u>				1	
	}	See Part IV, line 19 .		· a	l .	į	Ì			
	b	Less: direct expenses	s	b]			ļ	
		Net income or (loss) fi			ivities >	<u> </u>				
	10a	Gross sales of in		less	1	ė į		1		
	}	returns and allowance		а			ł			
	b	Less. cost of goods s		. b					1	
	C	Net income or (loss) fr		of inv		ļ		ļ	<u> </u>	
		Miscellaneous R	levenue		Business Code		1			
	11a				<u></u>	 		<u> </u>	ļ	
	b					ļ		ļ	 	
	C	All all							 	
	d	All other revenue .		•	L	 		 	 	
	12	Total revenue See in		•			 	 	 	
		TOTAL PROPRIE NOO IT	INTERIOR CO.		_	1 400 000				

	IX Statement of Functional Expenses		 		, ,
Sectio	n 501(c)(3) and 501(c)(4) organizations must con			is must complete co	lumn (A)
· ·	Check if Schedule O contains a respon			 	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees	19,490		19,490	AND THE STATE OF T
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10 11 a	Payroll taxes . Fees for services (non-employees) Management	1,491		1,491	
	_				
b	Legal	1 677		1,677	
C	Accounting	1,677		1,077	
d	Lobbying		w, * * * * * * * * * * * * * * * * * * *		
e	Professional fundraising services See Part IV, line 17 Investment management fees		<u> </u>	<u> </u>	
f g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				 <u></u>
13	Office expenses	6,661		6,661	
14	Information technology				
15	Royalties				
16	Occupancy	6,137		6,137	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	38,946	38,946		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	2,655		2,655	
24	Other expenses. Itemize expenses not covered		<u></u>		
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Proporty taxos	1,907	 	1,907	
b	Micaellaneous	901		901	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	89,865	48,946	40,919	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Pa	нY		
		and the contraction of the manufacture of the contraction of the contr		· . •	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	55,034	1	67,045
- }	2	Savings and temporary cash investments	98,700	2	104,191
}	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		້, ີ້ 5	\$ 10 mm
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ă	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 124,529		4,	
	b	Less. accumulated depreciation 10b 64,780	62,404	10c	59,749
.	11	Investments—publicly traded securities .		11	
-	12	Investments—other securities See Part IV, line 11		12	
.	13	Investments—program-related. See Part IV, line 11		13	
·	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	216,138	16	230,985
_ [·	17	Accounts payable and accrued expenses	635	17	2,451
\ \ \ ·	18	Grants payable		18	
.	19	Deferred revenue		19	
] :	20	Tax-exempt bond liabilities	L	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
ا <u>ت</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	635	+	2,451
$\neg \uparrow$		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	and a second second		
2	27	Unrestricted net assets	215,503	27	228,534
ala	28	Temporarily restricted net assets	210,000	28	220,004
	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			,
13 (30	Capital stock or trust principal, or current funds		30	-
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	215,503	33	228,534
	34	Total liabilities and net assets/fund balances	216,138	34	230,985

228,534
r
2a ✓
2b

Form 990 (2016)

Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI... Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) . . . 2 Revenue less expenses Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments . 6 Donated services and use of facilities . . 6 7 Investment expenses 7 8 Prior period adjustments . . . 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990.

Cash

Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

· airie	Ji die Organization					Employer identification	namber
Great	Plains United States Bowling Congr	ress, Inc.				20-340	2042
Par	t Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
1	rganization is not a private founda	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	001
2	A school described in section						O i
3 4	 A hospital or a cooperative hospital's name, city, and state 	on operated in co					iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its sup				the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university.	nt college of agri	culture (see instructio	ons) Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	า 33½% of its
11	An organization organized and						
12	An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a thro	J			•		
а	Type I. A supporting organ the supported organization supporting organization Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ	rated. A support	ting organization oper	rated in c	onnection IV, Secti	n with, and functiona	ally integrated with,
d	Type III non-functionally that is not functionally interrequirement (see instructional see instruction).	grated. The orga	nization generally mus	st satisfy	a distribi	ition requirement an	
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determinationally integrated sup	on from the	ne IRS the organizat	at it is a Type I, Type ion	e II, Type III
f	Enter the number of supported				•		
g	Provide the following information					,,,, -	
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	-10 listed in your governing support (see other		(vi) Amount of other support (see instructions)	
		}		Yes	No		
A)							
B)							
(C)							
(D)							
E)							
Tota		 		 			

,	_
Dage	•
Mage	

, .

				4=041.14			
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the						ality under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III,	
	on A. Public Support	, 	,		,		
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) ∕2016	(f) Total
1	Gifts, grants, contributions, and			ļ	j		
	membership fees received (Do not	}		ł	}		
	include any "unusual grants.")	{		{	\	}	
2	Tax revenues levied for the						
-	organization's benefit and either paid			ł	/		
	to or expended on its behalf	}		}	/		
3	The value of services or facilities			 	-		
•	furnished by a governmental unit to the]			
	organization without charge .			/	}	}	
А	Total. Add lines 1 through 3			 /-	 	 	
-	•		*	2 * 1 2 / 3	() \)		
5	The portion of total contributions by			34.5%			
	each person (other than a		* * * * * * * * *				
	governmental unit or publicly	, w, " , " , " , " , " , " , " , " , " ,		12/2000		4 3 % 5 9 6 7 3	
	supported organization) included on			17 C			
	line 1 that exceeds 2% of the amount			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	shown on line 11, column (f)	* * * * * * * * * * * * * * * * * * *	1 2 3 4 1	3 * 4 * 5	1	*. ` . " "	
6	Public support. Subtract line 5 from line 4	* * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	* * * *, * * * * *	
	on B. Total Support	,		,	,	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		//				
8	Gross income from interest, dividends,				}	ł	
	payments received on securities loans,				}	}	
	rents, royalties and income from similar		/	}	{		
	sources		/		}	}	
9	Net income from unrelated business		·				1
	activities, whether or not the business	/	}	}	}	}	
	is regularly carried on	/		1	1	\$	}
10	Other income. Do not include gain or						
	loss from the sale of capital assets	/	}	1	ļ	}	
	(Explain in Part VI.)	/		{	}		
11	Total support. Add lines 7 through 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* * * * * * * * *	1 1 2 1 1 1 1 1		
12	Gross receipts from related activities, etc	(see instruction	ons)	F* * 7 * * * * * * * * * * * * * * * * *	L	12	
13	First five years. If the Form 990 is for the			nd third fourth	or fifth tax vi		on 501(c)(3)
	organization, check this box and stop he	, -				ou. 40 a 000	5
Secti	on C. Computation of Public Suppo	<u></u>					
14	Public support percentage for 2016 (line			11 column (fl)		14	%
15	Public support percentage from 2015 Sc		•	11, 00,011,11 (1))	•	15	%
16a	331/3% support test—2016. If the organ			v on line 13 ai	 nd line 14 is 3'		
IVa	box and stop here . The organization gua				14 11116 14 13 00	3 /3 /0 OI IIIOIC,	~ ~
	331/3% support test—2015. If the organ	•	•	-	e and line 15	. 2210/	· L
b	this box and stop here . The organization					18 33 73 76 OF 11	.
		•					
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the	tacts-and-circ	umstances" te	est. The organ	zation qualifies	s as a publicly	supported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test-2	015. If the org	anization did r	not check a bo	x on line 13, 1	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization i						
	supported organization			•	•		▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □
					Sci	nedule A /Form 99	0 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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 fails to qualify	under the te	sis listed beit	w, please co	implete Part I	!·)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees]			}	1	
_	received. (Do not include any "unusual grants.")	48,917	44,585	43,539	39,244	38,117	214,402
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ŀ	}	ŀ	}	}	
	furnished in any activity that is related to the				{	{	
	organization's tax-exempt purpose	58,698	39,925	39,640	45,367	52,186	235,816
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					1	
	to or expended on its behalf					ì	
5		}					
9	The value of services or facilities furnished by a governmental unit to the						
	organization without charge					į	
_	_ = -						
6	Total. Add lines 1 through 5	107,615	84,510	83,179	84,611	90,303	450,218
7a	Amounts included on lines 1, 2, and 3	}					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3]				ì	
	received from other than disqualified			ł		1	
	persons that exceed the greater of \$5,000					}	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	13 17 70 1		7 4 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		* * * * * * * * * * * * * * * * * * * *	
	line 6)	* * * * * * * * * * * * * * * * * * * *	* , * * * * * * * * * * * * * * * * * *	ý, * * * * *	<u>, </u>		450,218
	on B. Total Support	,,,					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	107,615	84,510	83,179	84,611	90,303	450,218
10a	Gross income from interest, dividends,				ĺ	1	
	payments received on securities loans, rents,	}		İ		1	
	royalties and income from similar sources .	20,797	19,279	10,890	5,613	12,593	69,172
b	Unrelated business taxable income (less	}		}			
	section 511 taxes) from businesses	}		}		}	
	acquired after June 30, 1975						
C	Add lines 10a and 10b .	20,797	19,279	10,890	5,613	12,593	69,172
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether					i	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	1		1		}	
	loss from the sale of capital assets	1		{		1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			}		}	
	and 12.)	128,412		94,069	90,224	102,896	519,390
14	First five years. If the Form 990 is for the	he organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re .	<u> </u>	·	·	<u> </u>	· <u> </u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line	8, column (f) di	vided by line 1	3, column (f))		15	86 68 %
16	Public support percentage from 2015 Sc				<u></u>	16	85 28 %
	on D. Computation of Investment In						
17	Investment income percentage for 2016	•	• •	y line 13, colur	nn (f)) .	17	13.32 %
18	Investment income percentage from 201	·				18	14 72 %
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organi						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualıfıes	as a publicly s	upported organ	
20	Private foundation. If the organization d	id not check a	box on line 14.	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			,
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	L	
Secu	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7	/ }-	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	75 1	38	₹ \$ <u>\$</u>
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		₹,,	
	controlled the organization's activities. If the organization had more than one supported organization,	1), SW	3 74
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		l.	je Mari
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	· ·		3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	12.	, X,	13 % 2 %
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	*** X	'	ř.
	supervised, or controlled the supporting organization.	2_	L	l
Secti	on C. Type II Supporting Organizations		\ <u></u>	N
	Miles and the second of the se		Yes	, No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	*	, , °	,
	or management of the supporting organization was vested in the same persons that controlled or managed	<u></u>		
	the supported organization(s).	1	*	,
Secti	on D. All Type III Supporting Organizations		! <u>.</u>	
00011	on b. All Type III cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3	2500	e .
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	\$ 5 K 1		. 4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		* *	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	έ _{βξ} ,	, ,	\$
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	. &		3
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	W,	100
	significant voice in the organization's investment policies and in directing the use of the organization's	·	1. 4	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		a	
C4		3	<u></u>	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,]]]
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
_	-	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	2-	[
	· · · · · · · · · · · · · · · · · · ·	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1	tru	st on Nov 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		ł	
maintenance of property held for production of income (see instructions)	6	i .	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	eñ.		*, *, *, ;
instructions for short tax year or assets held for part of year).	- 37 - 37		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	.58		The second second
factors (explain in detail in Part VI)	78		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	3 3 3 3 4 7 1 × 7 5 3 3	
4 Enter greater of line 2 or line 3.	4	*** * * * * * * * * * * * * * * * * * *	
5 Income tax imposed in prior year	5	1 2 2 2 3 3 3 3 3 3	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	ly in	tegrated Type III supportin	g organization (see

. . .

Section 1 A 2 A	Type III Non-Functionally Integrated 509(a)(3 n D - Distributions Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exerting the control of the control o			Current Year			
2 A		evemnt ourposes					
2 A		Amounts paid to supported organizations to accomplish exempt purposes					
	Amounts baid to benomin activity that directly furthers exe		orted				
	organizations, in excess of income from activity						
3 A	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations				
4 A	Amounts paid to acquire exempt-use assets						
5 C	Qualified set-aside amounts (prior IRS approval required)						
6 C	Other distributions (describe in Part VI) See instructions.						
7 7	Total annual distributions. Add lines 1 through 6						
8 D	Distributions to attentive supported organizations to whic	h the organization is res	sponsive				
(p	provide details in Part VI). See instructions.						
9 C	Distributable amount for 2016 from Section C, line 6						
10 L	Line 8 amount divided by Line 9 amount						
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1 D	Distributable amount for 2016 from Section C, line 6	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
2 (r	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions.						
			, ,				
a	Excess distributions carryover, if any, to 2016						
b		· · · · · · · · · · · · · · · · · · ·	**********				
	From 2013	***; * , ; * , ; * ; * ; * ;					
	From 2014 .	* * * * * * * * * * * * * * * * * * * *	* 3				
	From 2015 .	> ~ / 4 / * * * * / * * /					
	Total of lines 3a through e						
	Applied to underdistributions of prior years		<u> </u>				
	Applied to 2016 distributable amount	8 * * * * * * * * * * * * * * * * * * *		`<u>-</u>``			
	Carryover from 2011 not applied (see instructions)	*****	· * * * * · * . * .	* " . * . * . * . * . * . * . * . * . *			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		*****				
4	Distributions for 2016 from Section D, line 7. \$						
a A	Applied to underdistributions of prior years	* * * * * * * * * * * * * * * * * * * *		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	Applied to 2016 distributable amount		~ * * * * * * * * * * * * * * * * * * *				
c F	Remainder Subtract lines 4a and 4b from 4		/ 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10	, , , , , , , , , , , , , , , , , , ,			
а	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions						
а	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions						
	Excess distributions carryover to 2017 Add lines 3j and 4c.		* * * .				
8 E	Breakdown of line 7 [.]						
а							
b E	Excess from 2013 .						
C E	Excess from 2014						
d E	Excess from 2015						
<u>e</u> E	Excess from 2016						

Page	8

. .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

name c	or the organization	<u> </u>	Employer identification number
	Plains United States Bowling Congress, Inc.		20-3402042
Par			ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?		☐ Yes ☐ No
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	or a quamou oction valien community	Held at the End of the Tax Year
_	Total number of conservation easements		
a		• •	2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified I	, ,	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not c	
_	historic structure listed in the National Register	•	_ 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		pection, handling of
	violations, and enforcement of the conservation ea	isements it holds? .	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing c	conservation easements during the year
	▶\$		ů ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · T Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
J	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		and a diatement that docombes the
Part			Other Similar Assets
, cir	Complete if the organization answered		Other Officer Assets.
10	If the organization elected, as permitted under SF		roverse statement and belongs about
ıa	works of art, historical treasures, or other similar		
_	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ucation, or research in furtherance of
	public service, provide the following amounts relat	ing to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		. ▶ \$
2	If the organization received or held works of art	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		. • \$
	Assets included in Form 990. Part X	•	• •

Part 3	Organizations Maintaining Using the organization's acquisition,										
•	collection items (check all that apply)										
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research			е	Other	r					
С	Preservation for future generation	s									
4	Provide a description of the organiza		ollections a	and expla	an how t	hev further	the ord	anızatıon's exer	not ou	irpose	ın Part
	XIII			o., p		,			.p. p.		
5	During the year, did the organization	solicit d	or receive	donation	s of art.	historical ti	reasure	s, or other similar	ar		
_	assets to be sold to raise funds rathe									Yas	□ No
Part	Part IV Escrow and Custodial Arrangements.										
	Complete if the organization 990, Part X, line 21.			" on For	m 990, I	Part IV, line	e 9, or	reported an an	nount	on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custod	lian or oth	ner intern		or contribut				Yes	□ No
b	If "Yes," explain the arrangement in F	art XIII a	ind comple	ete the fo	llowing to	able:					
	· · · · · ·							Ā	mount		
С	Beginning balance						10				
d	Additions during the year		_				1d				
e	Distributions during the year						1e				
f	Ending balance			•			11				
2a	Did the organization include an amou	int on Fo	rm 990. P	art X. line	21. for e	escrow or c			2 🗍	Yes	No
	If "Yes," explain the arrangement in F								_		ñ
Par		Cit / till.	01100111101	<u> </u>	·pianatio	111140 00011	provide	3 3 3 1 1 3 1 7 1 1 1			
	Complete if the organization	n answe	red "Yes	" on For	m 990. l	Part IV. Jine	e 10.				
	Complete ii the organication		rrent year		or year	(c) Two year		(d) Three years back	((e) F	our yea	irs back
10	Beginning of year balance	1-7-1-1				1,,			+ • •	<u> </u>	
1a	Contributions					 			-{		
b		——		 		 			+		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships .					<u></u>					
е	Other expenditures for facilities and			}							
	programs					 			+		
f	Administrative expenses .	 				 			-		
9	End of year balance	<u></u>				L.,,					
2	Provide the estimated percentage of		ent year er	nd balanc	e (line 1g	g, column (a	a)) held	as			
а	Board designated or quasi-endowme	ent 🕨 🚃		%							
b	Permanent endowment	%									
C	Temporarily restricted endowment	·	%								
	The percentages on lines 2a, 2b, and										
3a	Are there endowment funds not in the	ne posse	ssion of the	he organı	zation th	at are held	and ad	ministered for th	ie		
	organization by.								_	Ye	s No
	(i) unrelated organizations						•		3a	ı(i)	
	(ii) related organizations								3a	(ii)	
b	If "Yes" on line 3a(II), are the related of	organizat	tions listed	d as requi	red on S	chedule R?	• •		3	b	
4	Describe in Part XIII the intended use	s of the	organizati	on's endo	owment f	unds					
Part	VI Land, Buildings, and Equi	pment.									
	Complete if the organization	n answe	ered "Yes	on For	m 990, I	Part IV, lin	e 11a.	See Form 990,	Part	X, line	e 10.
	Description of property		a) Cost or o (investin	ther basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation		Book va	
1a	Land			6,650	f						6,650
b	Buildings			103,542			 	50,443			53,099
C	Leasehold improvements	· -		100,072	 			30,743			20,000
d	Equipment	 -		14,337	 		-	14,337			
e e	Other	· -		14,337	 		 	14,337			
	Add lines 1a through 1e (Column (d)	munt no	iol Form 0	100 Post	Y colum	n (P) line 1	00.)				50.740
rotal.	Add titles ta titlough te (Column (a)	must eqt	Jai FOIIII 9	ou, rail.	A, COIGITII	ii (D), IIIIE 11	<i>uc.j</i>				59,749

Part VII	Investments - Other Securities				
	Complete if the organization and		,		
	(a) Description of security or categor (including name of security)	y . 	(b) Book value		hod of valuation -of-year market value
(1) Financial					
	neld equity interests	• •			
(3) Other					
(A)					
(B)					
(C)					
(D)			 	<u> </u>	
(E) (F)			 		
(G)					
(H)			 		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		 	, }	
Part VIII	Investments—Program Relate			<u> </u>	
	Complete if the organization ans		rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13
	(a) Description of investment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)					
(2)			 	 	
(3)			 		
(4)			\		
(5)			1		
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)			F	* * * * * * * * * * * * * * * * * * * *
Part IX	Other Assets.				
	Complete if the organization ans		rm 990, Part IV, lin	e 11d. See Form	
		(a) Description			(b) Book value
(1)				 	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				 	
(8)					
(9)	mn (b) must equal Form 990, Part X, o	col (B) line 15.)		•	
Part X	Other Liabilities.	561 (B) 11116 16.9			<u></u>
Turex	Complete if the organization and line 25.	swered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)		1			
(3)		 			
(4)		1			
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25) 🕨				
	runcertain tax positions. In Part XIII, pro				
organization'	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Ch	eck here if the text of t	he footnote has bee	n provided in Part XIII 📋

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Part			
	Complete if the organization answered "Yes" on Form 990	, Part IV, line	12a.
1	Total revenue, gains, and other support per audited financial statement	S	. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	` *
C	Recoveries of prior year grants	2c	· ,
d	Other (Describe in Part XIII.)	2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		J*, `]
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		. 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin		. 5
Part			
	Complete if the organization answered "Yes" on Form 990	, Part IV, line	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a	Donated services and use of facilities	2a	\
p	Prior year adjustments	2b	* `
c	Other losses	2c	',* . `
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e 3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2
a	Other (Describe in Part XIII)	4b	7 * *
b	Add lines 4a and 4b	40	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	 line 18)	5
Part			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pa		

Schedule D (Form 990) 2016 Page 5							
	Supplemental Information (continued)						
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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 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

► 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

Name of the organization Employer identification number Great Plains United States Bowling Congress, Inc. 20-3402042 Form 990 - Part VI - Question 11(a) - the management of the Organization approve of the form 990 prior to its filing Form 990 - Part VI - Question 12(c) - the Organization ensures on an annual basis the compliance regarding no conflicts of interest with all officers, directors and key employees - the Organization requires written disclosure and review of any conflicts. Form 990 - Part VI - Question 19 - the Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number