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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury

| Internal Revenue Service | adament and a land a land and a land a land and a land a land and a land a land and a land and a land a land and a land a land and a land and a land and a land a l | | i′ | ^ ^ 1 7 |
|---|--|---|-----------------------------|----------------------|
| | ndar year, or tax year beginning Sep 1 , 2016, and ending | | | 2017 ation number |
| B Check if applicable | C Name of organization Duckpin Bowling Proprietors of Am | · | | |
| Address change | Doing business as | | 735307 | |
| Name change | Number and street (or P O box if mail is not delivered to street address) Room/su | \ <u> </u> | one number | |
| Initial return | 3807 Tabor Road | (41 | 0) 356 | <u>6-0936</u> |
| Final return/terminate | City or town, state or province, country, and ZIP or foreign postal code | } | _ | |
| Amended return | Owings Mills MD 21117 | | receipts \$ | 26,237. |
| Application pendir | 9 | l(a) Is this a group retur | | □'°° 🖼'` |
| | Stacy Karten 3807 Tabor Road Owings Mills MD 21117 | I(b) Are all subordinates if 'No,' attach a list | included? (see instructi | Ions) Yes N |
| I Tax-exempt status | 501(c)(3) X 501(c) (4) | | (| , |
| J Website: ►] | I/A | (c) Group exemption n | umber 🟲 | |
| K Form of organization | X Corporation Trust Association Other ► L Year of formation | 1972 M | State of lega | I domicile MD |
| Part I Summ | | | | |
| 1 Briefly desc | ribe the organization's mission or most significant activities To keep d | uckpin game | stro | ng |
| g | | | | |
| <u> </u> | | | | |
| 2 Check this 3 Number of | | | | |
| 2 Check this | | | | |
| 3 Number of | voting members of the governing body (Part VI, line 1a) | | 3 | |
| | er of individuals employed in calendar year 2016 (Part V, line 2a) | | 5 | |
| 5 Total numb | er of volunteers (estimate if necessary) | | 6 | 1 |
| 7a Total unrel | ted business revenue from Part VIII, column (C), line 12 | | 7a | 1 |
| | ed business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · · | | 7b | |
| - | | Prior Year | | Current Year |
| 8 Contributio | ns and grants (Part VIII, line 1h) | 31,9 | | 24,130 |
| 9 Program se | rvice revenue (Part VIII, line 2g) | 327 | | 2.7.130 |
| | income (Part VIII, column (A), lines 3, 4, and 7d) | | 3. | 21 |
| 11 Other reve | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2, | 154. | 2,086 |
| 12 Total rever | ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 137. | 26,237 |
| 13 Grants and | similar amounts paid (Part IX, column (A), lines 1-3) | | | |
| 14 Benefits pa | d to or for members (Part IX, column (A), line 4) | | | |
| 15 Salaries, of | ner compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,9 | 992. | 7,992 |
| 16a Profession | I fundraising fees (Part IX, column (A), line 11e) | | | |
| b Total funds | uising expenses (Part IX, column (D), line 25) ► 0 | | | |
| 17 Other expe | nses (Pert IX, column (A), lines 11a-11d, 11f-24e) | · | | 15 610 |
| | | 26, | | 15,618 |
| 18 Total expe | ses Add lines F1 Ethysternal Part IX, column (A), line 25) | 34,3 | - | 23,610 |
| | ss expenses Subtract line 18 from the 12 | | 203. | 2,627 |
| 20 Total asset | (Part X Line 16) | Beginning of Curre | $\overline{}$ | End of Year |
| 20 Total asset | G (Part X line 16) | 22,5 | | 25,175 |
| # E1 | es (Part X. DEDEN; UT | | 961. | 3,961 |
| | or fund balances Subtract Ime-24-from line 20 | 18,5 | 587. | 21,214 |
| Part II Signat | ure Block | | | |
| Under penalties of perjury, I | declare that I have examined this return, including accompanying schedules and statements, and to the best parer (other than officer) is based on all information of which preparer has any knowledge | of my knowledge and b | elief, it is true | e, correct, and |
| T. | and forther than officery to be seed at all fine fination of which propared has any knowledge | | | |
| 9.00 | ature of officer | Date | | |
| Sign | lua 1 a T | | 1 1 | · D6-17 |
| | | Treasurer | 10 | - NO -11 |
| | or print name and title | | | 161 |
| Print/Ty | e preparer's name Preparer's signature Date | 1 . | X # PT | IN |
| | atzenberger, CPA K. Katzenberger, CPA 09/27/1 | 7 self-employ | ed P(| 00174473 |
| Preparer Firm's n | me Driscoll & Associates | | | |
| Use Only Firm's a | dress * 8817 Belair Road | Firm's EIN | 52-2 | 2008044 |
| | NOTTINGHAM MD 21236-2445 | Phone no | (410) | 256-5131 |
| May the IRS discuss | his return with the preparer shown above? (see instructions) | | | X Yes No |
| | | 0101 11/16/16 | | Form 990 (201) |



| Form | 990 (2016) Duckpin Bowling Proprietors of Am. | 23-7353073 | Page 2 |
|------|---|---|----------------|
| Par | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u> </u> | |
| 1 | Briefly describe the organization's mission | | |
| | To keep duckpin game strong | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | <u> </u> | _ |
| | Form 990 or 990-EZ? | Yes | X No |
| | 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 | es? Yes | X No |
| | If 'Yes,' describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | , as measured by expense others, the total expenses | es S. |
| | and revenue, if any, for each program service reported | , | , |
| | (Code) (Expenses \$ 5,050. including grants of \$ 0.) | (Revenue S | 0.) |
| | Grant to National Duckpin Youth Assoc. to promote growth of | · · · · · · · · · · · · · · · · · · · | |
| | game to youth of America. | | |
| | game to youth of famelica. | | |
| | | | |
| | | | |
| | | | |
| | | | · – – – – |
| | | | |
| | | | · |
| | | | |
| | | | |
| | | | |
| 41 | O (Code) (Expenses \$ 3,225. including grants of \$ 0.) | (Revenue S | 0.) |
| • | Sponsor tours and contests between high average bowlers | | |
| | to promote and upgrade to the sport of duckpin bowling. | | |
| | | | · · |
| | | | · · |
| | | | · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 40 | (Code) (Expenses \$4,760. including grants of \$0. | (Revenue \$ | 0.) |
| | Maintain membership in National Bowling Proprietor | | |
| | Association to keep in touch with all bowling matters. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | · – – – - · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | · - |
| 4 (| d Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | \$ |) |
| 4 | e Total program service expenses ► 13,035. | | |

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ Χ 3 4 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 X 5 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, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ 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 Χ 9 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........... Χ 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Χ 11 b 11 c Χ 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 Χ 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. Χ 11 e 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 . . Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI and XII 12a Χ 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 Χ 12 h Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Χ 15 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. Х 19

Form 990 (2016) Duckpin Bowling Proprietors of Am.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-----|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | <u>X</u> |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | 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 | | Х |
| 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 | | X |
| 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 | i | Х |
| 24 a | 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 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 | 25a | | X |
| t | 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 | | Χ |
| 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 | | Х |
| 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | , | , |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| t | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV···································· | 28b | _ | Х |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 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 | | Х |
| 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 | | Х |
| | 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 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| t | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · · | 35b | | Х |
| 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 | | |
| 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? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х_ | |

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 | <u></u> | | <u></u> . | ·Γ |
|------|--|---------------------------------------|-------|------------|--|
| | | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 1 | 13.0 | ** | |
| t | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 b (| | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners? | reportable gaming | 1 c | | X |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2 a | | | |
| ŧ | olf at least one is reported on line 2a, did the organization file all required federal employment tax r | eturns? | 2 b | L_ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction) | ons) | | 遊位 | 2 (a) |
| 3 8 | Did the organization have unrelated business gross income of \$1,000 or more during the year?. | | 3 a | | X |
| ŀ | olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | | 3 b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts. | ner authority over, a al account)? | 4 a | 100 - 447 | Х |
| t | of Yes,' enter the name of the foreign country | | | | A |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance | • • | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | | | ļ | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer of the control of | | 5 b | | X |
| • | ; If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| 6 a | a Does the organization have annual gross receipts that are normally greater than \$100,000, and di solicit any contributions that were not tax deductible as charitable contributions? | d the organization | 6 a | | Х |
| I | olf 'Yes,' did the organization include with every solicitation an express statement that such contrib- not tax deductible? | utions or gifts were | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 1 |
| í | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for goods and | | 2553 | |
| | services provided to the payor? | | 7 a | | X |
| | o If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | <u> </u> | ↓ |
| (| Did the organization sell, exchange, or otherwise dispose of tangible personal property for which in Form 82827 | t was required to file | 7 c | | X |
| , | d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | | | 10 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene | fit contract? | 7 e | 1 | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co | | 7 f | | X |
| • | g if the organization received a contribution of qualified intellectual property, did the organization file as required? | Form 8899 | 7 g | | |
| 1 | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga | nization file a | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint | ained by the sponsoring | 23333 | | 3. 1 ° |
| | organization have excess business holdings at any time during the year? | | 8 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? $\dots \dots$ | | 9 a | | X |
| - 1 | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9 b | | X |
| | Section 501(c)(7) organizations. Enter | 1 1 | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 | 19.74 | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 Ы | | | |
| | Section 501(c)(12) organizations. Enter | 1 1 | | 24.5 | |
| | a Gross income from members or shareholders | 11a | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11 b | | | 1 |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | 1 1 | 12a | Market Co. | 1.17. |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | 器行 |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? | | 13a | 2 44 | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | 480.3 |
| | 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 | 136 | | | THE STATE OF THE S |
| | c Enter the amount of reserves on hand | 13 c | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? \dots | | 14a | | Х |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedi | | 14 b | | |
| DA / | TEE 0.005 14/16/16 | | Earm | 990 (| 2016 |

| Se | ction A. Governing Body and Management | | | |
|----|--|-----------------|-------------|-------------|
| | | | Yes | No |
| 1 | a Enter the number of voting members of the governing body at the end of the tax year | | | |
| | b Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 2 | | | | |
| 2 | officer, director, trustee, or key employee? | 2 | | Х |
| 2 | | | | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | | | | |
| | since the prior Form 990 was filed? | 4 | | X |
| 5 | 3 , 3 | _ 5 | | X |
| 6 | | 6 | | X |
| 7 | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | _ | | ١ |
| | members of the governing body? | 7 a | | X |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | i i | X |
| Я | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by | | | |
| Ĭ | the following | | | |
| | a The governing body? | 8 a | X | ļ |
| _ | b Each committee with authority to act on behalf of the governing body? | 8 b | X | ļ |
| 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 | | x |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | |
| | | | Yes | No |
| 10 | a Did the organization have local chapters, branches, or affiliates? | 10 a | | X |
| | b 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? | 10 b | | |
| 11 | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | | Χ |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12 | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | | X |
| | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | | ! |
| | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | 12 c | • | |
| 13 | | 13 | | X |
| 14 | | 14 | | X |
| 15 | | 14 | | _^ |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | a The organization's CEO, Executive Director, or top management official | 15 a | | X |
| | b Other officers or key employees of the organization | 15 b | | X |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | X |
| | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | |
| 50 | ction C. Disclosure | 100 | | |
| 17 | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and | - – – vailat | – – – le | |
| | for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available | 0 | | |
| 20 | the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | | .0) | 356-0 | 0936 |
| _ | | | _ | |

| | T | | | (C) |) | | | | | |
|---------------------------------------|--------------------------|---|-----|--------|-------------------------------------|--|--|----------------------------------|--|-------------------------------|
| (A) Name and Title | | than | กกด | box i | unless lficer ltruste | ck mor s perso and a le) | XTI | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| | below dotted line) | week fallons below dotted line) Week with the fallons below dotted line) | | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations | | | |
| (1) SHK Marketing Secretary/Treasurer | 20.00 | | | Х | | | | 7,992. | 0. | 0. |
| (2) Ken Staub Co-President | 10.00 | <u> </u> | | Х | | | | 0. | 0. | 0. |
| (3) Alyson Taylor Co-President | 10.00 | | | х | | | | 0. | 0, | 0. |
| (4) Joe Rineer VP | 10.00 | | | Х | | | | 0. | 0. | 0. |
| (5) | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | |
| _(7) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | <u> </u> |

| Part VIII Section A. Officers, Directors, Tru | | Key I | Em | | | es, | and | d Highest Com | pensated Emp | loyees (continued) |
|---|---------------------------|-----------------------------------|--|----------|--------------|----------|-------------------|--|--|------------------------------|
| | (B) | | | | C) sition | | | | | |
| (A) Name and title | Average hours | box | Position do not check more than one ox, unless person is both an | | | an | (D) Reportable | (E) Reportable | (F) Estimated | |
| Name and title | week | | * | | | | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations | amount of other compensation |
| | (list any hours for | or div | ıstıtı | <u>₹</u> | e e | imple | OM. | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | related organiza | Individual trustee or director | nstitutional trustee | 1 25 | 륁 | st co | 역 | | | and related organizations |
| | - tions below |) trus | 함 | | yee | mpe | l | ļ | | |
| | dotted line) | 8 | stee | | | satec | | | | |
| (15) | | | | | ╁ | _ | - | <u> </u> | | |
| | | | | ļ | _ | <u> </u> | _ | ļ | | |
| (16) | | | | | | | | | | |
| (17) | | | | | - | | Γ | | | |
| (18) | | | | | ╄- | _ | | | | |
| | - - | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | ├- | - | | | - | - | | | |
| (21) | | - | | | <u> </u> | _ | - | <u> </u> | | |
| | | | | | | | _ | | | |
| (22) | | | | ĺ | | | | | | |
| (23) | | \vdash | | | | | | | <u> </u> | |
| (24) | | - | <u> </u> | - | ╁╌ | \vdash | - | | | |
| (25) | | ┞- | | | | - | ├ | <u> </u> | · | |
| (25) | | | | | | | | | | |
| 1 b Sub-total | | | | | | | • | 7,992. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section 1 | | | | | | | - | 7.000 | | |
| d Total (add lines 1b and 1c) | | | | | | | eive | 7,992. | 0.000 of reportable co | 0. |
| from the organization | | | | | | | | | | |
| 2 Did the assessment on last any former officer director | | | | | | a = 1.1. | _ | | | Yes No |
| Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in | | | | | | | | | | . 3 X |
| 4 For any individual listed on line 1a, is the sum of related organizations greater t | portable c | ompe | nsa | tion | and | othe | r co | mpensation from | | |
| such individual | | | | • • | ··· | · · · | 30 | | | . 4 X |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz | | | | | | | | | | . 5 X |
| Section B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest compensation from the organization. Report compe | nsation fo | r the | cale | ntra | r ye | ar en | dıng | with or within the | organization's tax ye | ear |
| (A) Name and business addre | ess | | | | | | | Description of | f services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (including | but not lin | nited | to th | 1055 | e liste | ed ah | nove |) who received mo | re than | |
| \$100,000 of compensation from the organization | > | | | | | | _ | | | |
| BAA | | TEEAC | 108 | 11/1 | 6/16 | | | | | Form 990 (2016) |

| Form 990 (201 | 6) Duckpin | Bowling | Proprietors | of | Am |
|---------------|--------------------|---------------|----------------------|--------|------|
| Part VIII S | tatement of Re | evenue | | | |
| CI | neck if Schedule O | contains a re | snonse or note to an | v line | ın f |

| | | Official in Galledate C confi | , | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|-------------|--|------------------------|--|---------------------------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | b c d | Federated campaigns Membership dues Fundraising events | 1b 1c 1d) 1e | 24,130. | | | | |
| ontribution of Other | g | All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in | /e | | | 1 | | |
| <u>8</u> | h | Total. Add lines 1a-1f | · · · · · · · | | 24,130. | | | |
| Program Service Revenue | _ | | }- | Business Code | | | | |
| 8 | 2 a | | | | | | · ···· | |
| e e | b | | | | | | | |
| . <u>Ş</u> | C | | | | | | | |
| အ | a | | | | | | | |
| ram | e | | | | | | | |
| ğ | f | All other program service re | | | | | | |
| ٩ | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (includir other similar amounts) Income from investment of | | • | 21. | 21. | 0. | 0. |
| | 5 | Royalties | | | | | | |
| | 3 | Noyanies | (i) Real | (ii) Personal | | | | |
| | 6 2 | Gross rents | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |
| | | Less rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | ` r | (i) Securities | (ii) Other | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | | | | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | · <u> </u> | | | | |
| enne | 8 a | Gross income from fundrais (not including. \$ of contributions reported on | | | | | | |
| ě | | See Part IV, line 18 | | a | | | | |
| Other Reve | h | Less direct expenses | | | | • | | |
| チ | | Net income or (loss) from fu | | | | | | |
| O | ŀ | Gross income from gaming See Part IV, line 19 | - | | | | | |
| | | Less direct expenses | | | | | | ļ |
| | | : Net income or (loss) from g | | <u> </u> | | | | |
| | | Gross sales of inventory, le | = | | | | | |
| | | Less cost of goods sold . | | | | | | ! |
| | 1 | : Net income or (loss) from s | | | | | | |
| | Ť | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | Miscellaneous BP | AA | | 2,086. | 2,086. | 0. | 0. |
| | l t | | | | | | | |
| | ، ا | | | | | | | |
| | ء | All other revenue | | | | - | | |
| | e | Total. Add lines 11a-11d. | | | 2,086. | | | |
| | 12 | Total revenue. See instruc | ctions | | 26,237. | 2,107. | 0. | 0. |
| - | | | | | | | | <u></u> |

| Do n 6b, 7 | Check if Schedule O contains a resport include amounts reported on lines tb, 8b, 9b, 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 | | CAPONIOCO | gonora | |
| 2 | See Part IV, line 21 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. | | | | |
| | · · | | | | |
| | Benefits paid to or for members | 7,992. | 0. | 7,992. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,352. | 0. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | ~ | | 4 |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 530 | | 530. | 0. |
| | | 530. | 0. | 530. | 0. |
| _ | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | <u> </u> | | | |
| | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 1,000. | 0. | 1,000. | 0. |
| 13 | Office expenses | 77. | 0. | 77. | 0. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | | | | | |
| 19 | Conferences, conventions, and meetings | 458. | 0. | 458. | 0. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | · | | |
| a | Postage | 70. | 0. | 70. | |
| | Taxes/Fee/Licenses | 0. | 0. | 0. | 0. |
| | Subsidies/Tournaments | 12.985. | 12,985. | 0. | 0. |
| | I Telephone | 350. | 0. | 350. | 0. |
| | All other expenses | 148. | 50. | 98. | 0. |
| | Total functional expenses. Add lines 1 through 24e | 23,610. | 13,035. | 10,575. | 0. |
| 26 | | | | | |

Form 990 (2016) Duckpin Bowling Proprietors of Am.

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | (A) Beginning of year | | (B) End of year |
|-----------------|------|--|-----------------------|------|---------------------------------------|
| | 1 | Cash – non-interest-bearing | 22,548. | 1 | 16,115. |
| | 2 | Savings and temporary cash investments | | 2 | 9,060. |
| ļ | 3 | Pledges and grants receivable, net | | 3 | |
| Į | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | 9 | Part II of Schedule L | | | |
| Ì | _ | L | | 5 | |
| | 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 | | 3 | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| 2 | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| 1 | 10 a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| | h | Less accumulated depreciation | | 10 c | |
| } | 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) | 22,548. | 16 | 25,175. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | 3,961. | 18 | 3,961. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ies | 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 | |
| | 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 | 3,961. | 26 | 3,961. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete | • | | , |
| ès | | lines 27 through 29, and lines 33 and 34. | | | |
| aŭ | 27 | Unrestricted net assets | | 27 | |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| ᅙ | 29 | Permanently restricted net assets | | 29 | |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. | | | |
| Š | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | 18,587. | 32 | 21,214. |
| Net Assets | 33 | Total net assets or fund balances | 18,587. | 33 | 21,214. |
| ~ | 34 | Total liabilities and net assets/fund balances | 22,548. | 34 | 25,175. |

Form **990** (2016)

| Form 990 (2016) Duckpin Bowling Proprietors of Am. | 23-7 | <u> 7353073</u> | | Pag | ge 12 |
|---|-------------|-----------------|---------|--------|-------------|
| Reconciliation of Net Assets | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u>.</u> | <u></u> | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | | 1 | | 26,2 | 37. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | [| 2 | | 23,6 | 10. |
| 3 Revenue less expenses Subtract line 2 from line 1 | | 3 | | 2,6 | 27. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | [| 4 | | 18,5 | |
| 5 Net unrealized gains (losses) on investments | | 5 | | | |
| 6 Donated services and use of facilities | | 6 | | | |
| 7 Investment expenses | | 7 | | | |
| 8 Prior period adjustments | [| 8 | | | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | [| 9 | | | |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | Ī | | | | |
| column (B)) | <u> 1</u> | 10 | | 21,2 | <u> 14.</u> |
| Pant XIII Financial Statements and Reporting | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | <u>.</u> | | | , [] |
| | | | | Yes | No |
| 1 Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | - | | į | |
| in Schedule O | | | | | |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2 a | | Χ |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie | wed on a | | | | |
| separate basis, consolidated basis, or both | | | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | 1 1 | Ì | |
| b Were the organization's financial statements audited by an independent accountant? | | | 2 b | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep- | arate | | | | |
| basis, consolidated basis, or both | | | | | |
| X Separate basis | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? | of the audi | t, ••••• | 2 c | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | ne Single | | 3 a | | Χ |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re- | equired au | dit | | | |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | <u></u> | 3 b | | |
| BAA | _ | | Form | 990 (2 | 2016) |

Schedule'C (Form 990 or 990-EZ) 2016 Duckpin Bowling Proprietors of Am. 23-7353073

[PartillEB Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | (a) | | (b) | | |
|--|-----------------|------------------|---------------------------|------------|--|
| | Yes | No | Amoun | t | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| a Volunteers? | | | | , | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total Add lines 1c through 1 | | | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | ·· | | |
| b If "Yes," 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 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6). | 1(c)(5) | , or | | | |
| | | | Ye | s No | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | 7 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior | year? . | | | X | |
| Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b answered 'Yes.' | 1(c)(5) Part | , or s III-A, | ection 501(line 3, is | ;) | |
| 1 Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2 a | | | |
| b Carryover from last year | | 2 b | | | |
| c Total | | 2 c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| PartIV Supplemental Information | | | | | |
| Provide the descriptions required for Part I.A. line 1. Part I.R. line 4. Part I.C. line 5. Part II.A (offiliated group list) | Part II. | Lines | 1 and | | |

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), F 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Name of the organization

Employer identification number

23-7353073

Duckpin Bowling Proprietors of Am.

the return is prepared then reviewed and signed by pertinent

Pt VI, Line 11b individuals.

TEEA4901 08/16/16