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DLN: 93491128007088

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

2017

Open to Public

									Inspectio	n
or caler	ndar vear 2017,	or tax vea	r beginning 01-01-2	017	, a	nd en	ding 12-31	-2017		
Name of fou	undation	-			•			lentification numb		
BOWLING	FAMILY CHARITABLE F	OUNDATION					27-2955506			
Number and	t street (or P.O. hox nu	mher if mail is i	not delivered to street address) Room/suite						
	OODROW BEAN DR STE		for delivered to street address	, Noonly suite			B Telephone nu	umber (see instruct	ons)	
C.b b		h								
EL PASO, T	n, state or province, cou X 79924	intry, and ZIP o	r foreign postal code				C If exemption	application is pend	ıng, check here	. Г
3 Ghll	U 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T t 1 t		6	1		D.1 .		L	_
• Cneck ai		Initial return Final return	☐ Initial return of a☐ Amended return	•	cnarity	,	_	rganizations, check		• L
	_	Final return Address chal		l				rganizations meetir ck here and attach o		▶ □
I Chaalata			nge LJ Name change 501(c)(3) exempt private	£				undation status was		
	/pe of organization n 4947(a)(1) nonexe				ndation		under section	on 507(b)(1)(A), ch	eck here	▶ ∟
	ket value of all asset	· · · · · · · · · · · · · · · · · · ·	J Accounting method	Cash	Accru	ısl	E If the found	ation is in a 60-moi	ath tarmination	_
of year (#	from Part II, col (c),		Other (specify)	⊻ Casn I	ACCFL	Jai		on 507(b)(1)(B), ch		• L
line 16) ►	\$ 26,863		(Part I, column (d) mus	t be on cash i	asis)					
Dowt T	Applysis of Bo		Evponess (The tested	T		Т		1	Lab Dalama	
Part I	•		Expenses (The total (d) may not necessarily	(a) Reveni		(b)	Net investment	(c) Adjusted net		rıtable
-, -	equal the amounts in			boo			income	income	purpo	ses , .
, ,										
<u>.</u>										
1 16 5	1									
<u> </u>										
2 Tax	under section 511 (domestic sec	tion 4947(a)(1) trusts and	taxable foun	dations o	only O	thers enter -0-	·) 2		0
	lines 1 and 2							3		
	, ,	•	ction 4947(a)(1) trusts and Subtract line 4 from line			•		· — —		0
	dits/Payments	ient income.	Subtract line 4 from line	3 If Zero or i	ess, ente	er -U		5		0
	•	ments and 20	16 overpayment credited	to 2017	6a					
b Exer	npt foreign organiza	itions—tax wi	thheld at source		6b					
c Tax	paid with application	n for extensio	n of time to file (Form 886	58)	6c					
			neld		6d					
			6 6a through 6d	_			•	7		
			of estimated tax Check h				_	8		
			is more than line 7, enter the total of lines 5 and 8,				I	9		
			tne total of lines 5 and 8, edited to 2018 estimated ta		iount 6	verpai	Refunded I	10		
Part VI			ng Activities					**		
			on attempt to influence an	y national, st	ate, or lo	ocal lec	uslation or did		Yes	No
	irticipate or interven								1a	No
			he year (either directly or			l purpo	ses (see Instru	uctions		
	,		ttach a detailed description			 d.co=:-	o of any mater		1b	No
1T t	ine answer is "Yes" t	LU 18 OF 1D, 8	attach a detailed description	on on the activ	illes and	и соріе	s oi any mater	iai5	1 1	1

published or distributed by the foundation in connection with the activities

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

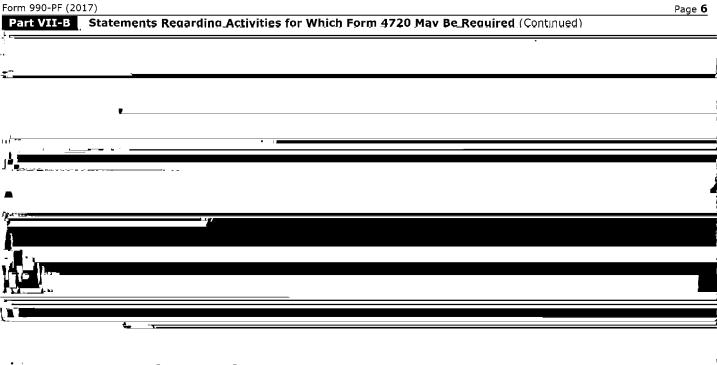
For	m 990-F	PF (2017)								Page 2
Pa	rt II	Balance Sheets	Attached schedules and	amounts in th	e descri	ption colu	umn	Beginning of year		f year
	1		should be for end-of-year- -bearing	r amounts on	y (See	instructio	ons)	(a) Book Value 13,836	(b) Book Value 26,863	(c) Fair Market Value 26,863
								13,830	20,803	20,803
	2		orary cash investments		• •		•			
	3		e 🏲							
		Less allowance for	doubtful accounts			_				
	4		>							
		Less allowance for	doubtful accounts			_				
	5	Grants receivable					.			
	6	Receivables due fro	om officers, directors,	trustees, and	d other					_
	`		s (attach schedule) (se							
	_		ans receivable (attach							
	7						-			
			doubtful accounts							
ets	8		e or use				•			
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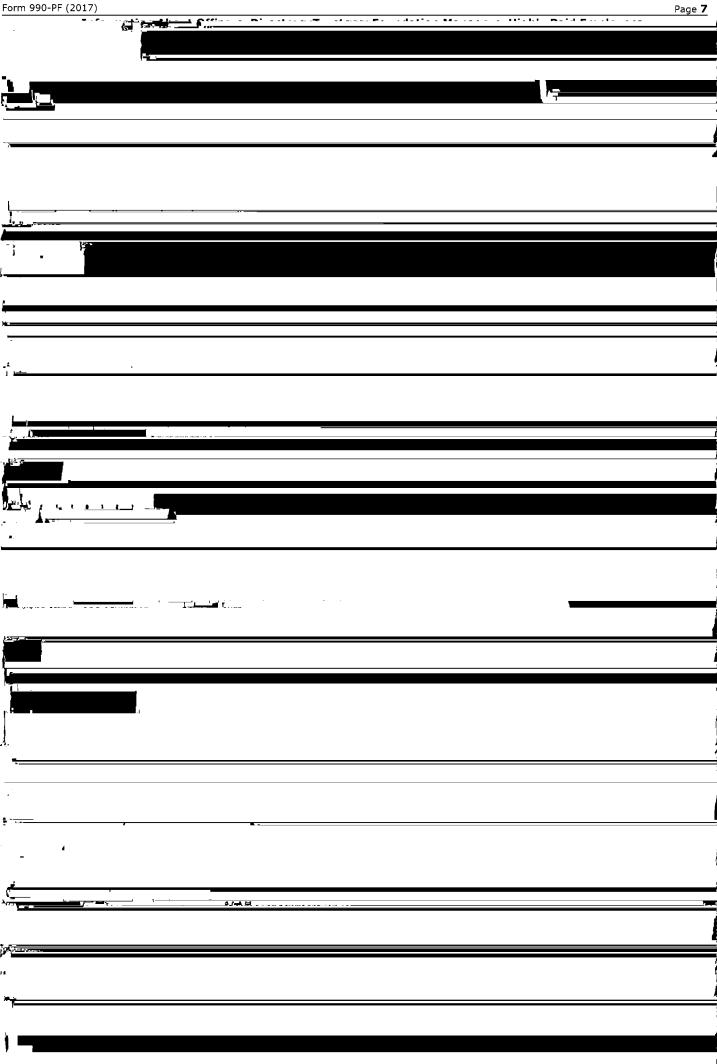
	990-PF	(2017) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	Page 4	Ī
	rt VI		structions)	-
1a		t operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 ruling or determination letter(attach copy of letter if necessary-see instructions)		
h		tic foundations that meet the section 4940(e) requirements in Part V, check	1 0	
U		and enter 1% of Part I, line 27b	1 0	
6		and enter 1% of Part 1, line 2/b		
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		,							
(a) Line [No	(b) Amount involved (c) Nam	e of noncha	rıtable exer	npt organizatio	n	(d) Description of	transfers, transactio	ns, and sharing arrangements
		dation directly or indirectly affili n section 501(c) of the Code (ot						ızatıons	🗆 Yes 🛂 No
b If "Ye	es," co	mplete the following schedule (a) Name of organization		(b) Type of orga	nızatıon		(c) Descript	on of relationship
	of my	r penalties of perjury, I declare h knowledge and belief, it is true	that I hav e, correct,	e examine and comp	ed this return	n, inclu	ding accompany f preparer (other	ing schedules and than taxpayer) is	statements, and to the best based on all information of
Sign Here		n preparer has any knowledge			2018-05-03		*****		May the IRS discuss this return with the preparer shown
	S	ignature of officer or trustee			Date		Title		below (see instr)?
'		Print/Type preparer's name	Prepa	ırer's Sıgn	ature		Date	Check if self- employed ▶ ☑	PTIN P00839583
Paid		LORETTA BLANKENSHIP					2018-05-08	employed F	
Prepa Use C		Firm's name ► LORETTA BLA Firm's address ► 9398 VISCO							Firm's EIN ▶74-2601972
		Firm's address ► 9398 VISCO El Paso, TX		J 4A					Phone no (915) 592-3500

Form 990-PF (2017)

Page **5**





Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

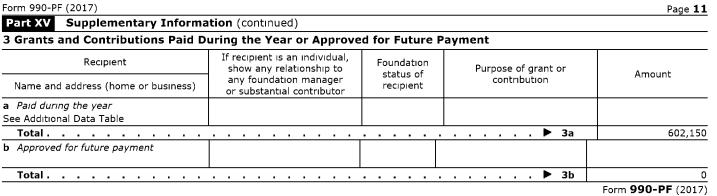
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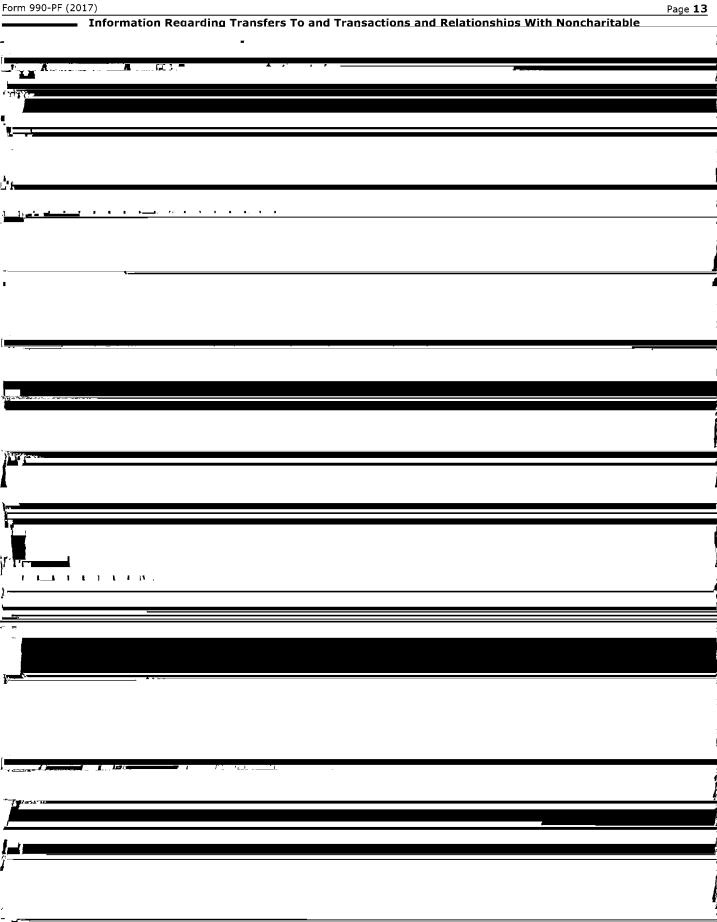
602,150

Form **990-PF** (2017)

Form 990-PF (2017)				Page 9
Part XIII Undistributed Income (see instr	uctions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7	·			1,228
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years 20				
3 Excess distributions carryover, if any, to 2017	0.5			
a From 2012				
c From 2014				
d From 2015				
e From 2016	12			
f Total of lines 3a through e	1,992,132			
4 Qualifying distributions for 2017 from Part				
XII, line 4 \$				
A STATE OF THE STA				
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z *				
	1			
2016				
2015				
2014				
2013				
2012				
2 Total of line 1, column (d)		2		
3 Average distribution ratio for the 5-year base perio				
number of years the foundation has been in exister		3		
4 Enter the net value of noncharitable-use assets for	2017 from Part X, line 5	4		



nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	and contracts from government agencies					
_	rship dues and assessments					
	st on savings and temporary cash					
	ments					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property.					
Net re	ntal income or (loss) from personal property					
	nvestment income					
	r (loss) from sales of assets other than					
	ory					
	profit or (loss) from sales of inventory					
	evenue a					
b						
с						
d						
d e						
d e 2 Subtota	al Add columns (b), (d), and (e).			11		
d e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th	ations) e Accomplish	ment of Exem	pt Purposes		
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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AA CENTRAL OFFICE OF EL PASO 3318 DOUGLAS AVE		GENERAL SUPPORT	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

3318 DOUGLAS AVE EL PASO, TX 79903			
EL PASO DOWNTOWN LIONS CLUB 1304 WAINWRIGHT EL PASO, TX 79903		GENERAL SUPPORT	500

500

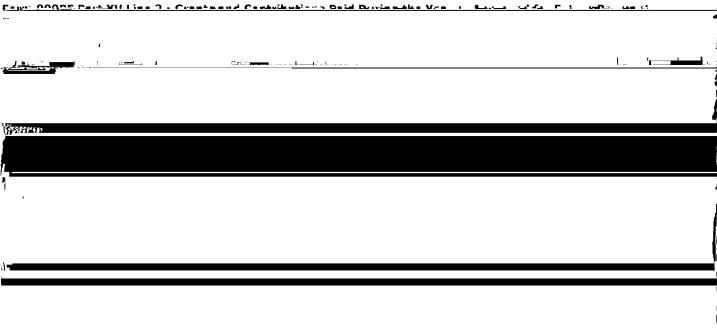
EL PASO DOWNTOWN LIONS CLUB 304 WAINWRIGHT EL PASO,TX 79903	GENERAL SUPPORT	50
EL PASO VILLA MARIA920 S OREGON EL PASO, TX 79901	GENERAL SUPPORT	36,00
IRST BAPTIST CHURCH	GENERAL SUPPORT	9.25

EL PASO VILLA MARIA920 S OREGON EL PASO, TX 79901		GENERAL SUPPORT	36,000
FIRST BAPTIST CHURCH 805 MONTANA AVE EL PASO, TX 79902		GENERAL SUPPORT	9,250
FOUNDATION DIOCESE OF EL PASO		ANNUAL FOUNDATION OF FAITH	5,000

805 MONTANA AVE EL PASO, TX 79902		GENERAL SOLI ON	3,230
FOUNDATION DIOCESE OF EL PASO 499 ST MATTHEWS ST EL PASO, TX 79907		ANNUAL FOUNDATION OF FAITH DINNER	5,000

LL PA30, 1X 79902			1
FOUNDATION DIOCESE OF EL PASO 499 ST MATTHEWS ST EL PASO, TX 79907		ANNUAL FOUNDATION OF FAITH DINNER	5,
Total	 		602,150

3a



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SAINT MATTHEW CATHOLIC PARISH 400 W SUNSET EL PASO, TX 79922		CHURCH BUILDING	300,000
SOCIETY ST VINCENT DE PAUL		GENERAL SUPPORT	1,500

910-K E REDD RD 537 EL PASO, TX 79912		THANKSGIVING CONTRIBUTION	1,500
SPECIAL OLYMPICS TEXAS 310 N MESA ST STE 400 EL PASO, TX 79901		2017 SPRING GAMES	1,000

SPECIAL OLYMPICS TEXAS 310 N MESA ST STE 400 EL PASO, TX 79901		2017 SPRING GAMES	1,000
TEEN CHALLENGE EL PASO 3812 QUILL CT EL PASO, TX 79904		GENERAL SUPPORT	24,000

EL FA30, 1X 79901			
TEEN CHALLENGE EL PASO 3812 QUILL CT EL PASO, TX 79904		GENERAL SUPPORT	24,000
THE SALVATION ARMYPO BOX 1948		GENERAL SUPPORT	1 000

3812 QUILL CT EL PASO, TX 79904			
THE SALVATION ARMYPO BOX 1948 EL PASO, TX 79950		GENERAL SUPPORT	1,000

THE SALVATION ARMYPO BOX 1948 EL PASO, TX 79950		GENERAL SUPPORT	1,
Total	 	• • • • • • • •	602,150

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

5,000

602,150

	or substantial continuator		
a Paid during the year			
YMCA OF EL PASOSSOS WILL BUTH		2017 TURKEY TROT	

or substantial contributor

Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

L PASO, TX 79924		
Total	 	

efile GRAPHIC print - DO NOT PRO	CESS As Filed D	ata -	DL	N: 93491128007088
TY 2017 Accounting Fees	Schedule			
N Accounting Fees Schedule	lame: BOWLING	G FAMILY CHARITAI 506	BLE FOUNDATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PREPARATION OF 990PF	670	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491128007088			
TY 2017 Other Expenses Sche	TY 2017 Other Expenses Schedule						
Name: BOWLING FAMILY CHARITABLE FOUNDATION EIN: 27-2955506							
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

153

Other Expenses Schedule	
Description	R

BANK CHARGES

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Schedule B		Schedu	le of Contributors	;		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	Form 990, 990-EZ, or 990-PF form 990, 990-EZ, or 990-PF) a www.rrs.gov/form990		s is at	2017
Name of the organizat BOWLING FAMILY CHARI				E	mployer ide	ntification number
Organization type (che				2	7-2955506	
organization type (one	on one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganization			
	☐ 4947(a)(1) nonexempt char	itable trust not treated as a	private foundation	n	
	☐ 527 politic	cal organization				
Form 990-PF	✓ 501(c)(3)	exempt private fo	undation			
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						
			PF that received, during the omplete Parts I and II See i			
under sections 5 received from ai	509(a)(1) and 170(b)((1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ that n cked Schedule A (Form 990 al contributions of the greate plete Parts I and II	or 990-EZ), Part	II, line 13, 1	6a, or 16b, and that
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 or 99 exclusively for religious, ch animals Complete Parts I,	naritable, scientific		
during the year, If this box is che purpose Don't o	contributions exclusions exclusions checked, enter here the complete any of the p	<i>ively</i> for religious, total contributions parts unless the G e	or (10) filing Form 990 or 90 charitable, etc., purposes, but hat were received during the eneral Rule applies to this corn more during the year.	out no such contrib the year for an exc organization beca	outions totale clusively reliq use it receive	ed more than \$1,000 gious, charitable, etc , ed <i>nonexclusively</i>
990-EZ, or 990-PF), but	t it must answer "No'	on Part IV, line 2	le and/or the Special Rules , of its Form 990, or check the	he box on line H	of its	

Contributors (ise entructions) Use displicate copies of Part II distillational space is needed (a) (b) (c) (c) (d) Type of contribution Person Person Person Person Person Person Person Payroll Noncash (Complete Part II for noncash contributions Payroll Noncash (Complete Part II for noncash contributions Person Payroll Noncash (Complete Part II for noncash contributions Person Payroll Noncash (d) No. Name, address, and ZIP + 4 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions Person Payroll Noncash (complete Part II for noncash contributions	Name of organization BOWLING FAMILY CHARITABLE FOUNDATION		Employer identification number 27-2955506		
No. Name, address, and ZIP + 4 ROBERT L BOWLING III 6317 CASPER RIDGE	Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed		
ROBERT L SDWLING III 6317 CASPER RIDGE S.540.000 Noncash Complete Part II for noncash contributions S.540.000 Noncash Complete Part II for noncash contributions Complete Part II for n				(d) Type of contribution	
EL PASO, TX79912 (Complete Part II for noncash contributions)	1		\$ 540,000	Payroll	S
No. Name, address, and ZIP + 4 Complete Part II for noncesh contributions Complete Part II for noncesh con		EL PASO, TX79912			r noncash
Complete Part II for noncash contributions Complete Part II for noncash C			(c) Total contributions	Type of contribution	
No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Type of contribution Person Payroll Noncash	2	5533 WOODFIELD DR	\$ 76,000	Payroll Noncash (Complete Part II for	
Payroll Payroll					
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A payroll Noncash Complete Part II for noncash contributions (a) (b) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) Noncash Complete Part II for noncash contributions (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 Total contributions Person Payroll Part II for noncash Complete Part II for noncash Contributions Person Payroll Noncash (Complete Part II for noncash Complete Part			(c) Total contributions	(d)	
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Total contributions Complete Part II for noncash contributions		(b) Name, address, and ZIP + 4	(c) Total contributions	(d)	
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I contributions \			s	Payroll Noncash (Complete Part II for	noncash

· ·	990, 990-EZ, or 990-PF) (2017)		Page
Name of organization BOWLING FAMILY CHARITABLE FOUNDATION		Employer identification number 27-2955506	
Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional			
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)