Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2017

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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		nue Service	- do to www.ns.gov/r c/mscocz for msc do to	ns and the latest informatio				
_			r year, or tax year beginning	, 2017, and ending		, 20		
В	Check if ap		C Name of organization	. / /		dentification number		
<u> </u>	Address c	_	LOUISIMA BOWLING PROPRI	etrs Hasn		0852195		
늗	Name cha	-	Number and street (or P.O box, if mail is not delivered to street addr	ess) Room/suite	E Telephone r			
<u> </u>	Initial retur	m/terminated	8878 FLORIDA BLUD		225-925-5471			
	Amended		City or town, state or province, country, and ZIP or foreign postal con	/ 14 // 1	F Group Exe			
	Applicatio	on pending	BATON ROVGE, LA 70815		Number			
G		ting Method:	Cash			if the organization is not		
ı	Website		<u> </u>		•	tach Schedule B		
J	Tax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) (6) ◀ (insert no.) ☐		orm 990, 99	0-EZ, or 990-PF)		
			☐ Corporation ☐ Trust ☑ Association	Other		·		
			7b to line 9 to determine gross receipts. If gross receipts are		ssets			
) are \$500,000 or more, file Form 990 instead of Form 990-E		<u>></u> \$	<u> </u>		
	Part I		e, Expenses, and Changes in Net Assets or Fu					
			the organization used Schedule O to respond to an	y question in this Part I	· · · ·			
۰۱,	1		, 9, 8,		· · <u> 1</u>	7,630,36		
`)(<i>C</i>) 2	-	ervice revenue including government fees and contract		2	48,967.00		
\sim) 3		p dues and assessments		3	23,012.00		
U	4	Investment			4			
	5a		unt from sale of assets other than inventory	·				
	b		or other basis and sales expenses	<u> </u>				
	C	•	s) from sale of assets other than inventory (Subtract lines)	ne 5b from line 5a)	<u>5c</u>			
	6	-	d fundraising events			ļ.		
9	a a		ome from gaming (attach Schedule G if greater	than - 6a				
Revenile	Ь	•	me from fundraising events (not including \$	of contributions				
à			aising events reported on line 1) (attach Schedule G i					
п	-		h gross income and contributions exceeds \$15,000).	. 6b				
	l c		t expenses from gaming and fundraising events	. 6c				
	ď		e or (loss) from gaming and fundraising events (add	<u> </u>	ract			
		line 6c) .			6d			
	7a	Gross sales	s of inventory, less returns and allowances	. 7a				
	Ь		of goods sold	. 7b				
	c		t or (loss) from sales of inventory (Subtragt-line 75-from	1 line 7a)	7c			
	8		nue (describe in Schedule O) REC	EIVED	8			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	၂၀	. ▶ 9	19.609.36		
	10	Grants and	similar amounts paid (list in Schedule O) 8 MAY	1.4 2018 - 9	. 10	19,609.36 55,417.58		
	11		id to or for members	1.7. CO . S	11	55. 417.58		
ģ	12	Salaries, of	her compensation, and employee benefits	<u> </u>	12	3,220,00		
ŭ	13	Profession	al fees and other payments to independent contractors	<u> </u>	13	2, 275, 00		
Fynoncec	<u> 14</u>	Occupancy	r, rent, utilities, and maintenance		14			
ù	້ 15	Printing, pu	iblications, postage, and shipping		15	760. 40		
	16		nses (describe in Schedule O)			13,831.46		
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	. ▶ 17	75 504.44		
_	, 18	Excess or	deficit) for the year (Subtract line 17 from line 9)		18	4,104.92		
ţ	្ត្រី 19		or fund balances at beginning of year (from line 27,					
Ā	ž l	end-of-yea	r figure reported on prior year's return)		· · 19	30.855.18		
Not Accete	20	Other chan	ges in net assets or fund balances (explain in Schedule	e O)	20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 thro	ough 20	. ▶ 21	34960,10		
F	or Paper	work Reduct	ion Act Notice, see the separate instructions.	Cat. No 10642I		Form 990-EZ (2017)		

1 01111 990-62	20(1)				Fage Z
Part U	Balance Sheets (see the instructions t	for Part II)			
_	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u> <u>_</u>
				(A) Beginning of year	(B) End of year
22 Cas	h, savings, and investments		[30,855,18	22 34.960.10
23 Lan	d and buildings		[23 \
24 Oth	er assets (describe in Schedule O)		[1 2	24
25 Tot	al assets		[27 2	25
26 Tot	al liabilities (describe in Schedule O)		[1	26
27 Net	assets or fund balances (line 27 of column	(B) must agree with	n line 21)	30,855,18 2	27 34.960.10
Part III	Statement of Program Service Accom			Part III)	
	Check if the organization used Schedule			Part III 📈	Expenses
What is the	organization's primary exempt purpose?			- A-11 - 1000	(Required for section 501(c)(3) and 501(c)(4)
	ne organization's program service accompli	·			organizations, optional for
as measur	ed by expenses. In a clear and concise m	nanner, describe the			others)
persons be	nefited, and other relevant information for ea	ach program title.			
28 Our	largest program Service is A	MINISTERING 9	RUNNING OVE	HIGH	
Sch	W VARSITY Bowling Prigre	m, WITH SUT	High Schols	+ 100+	
Cord	+ Girl teams, 13 , four mem	bor centers	provide the	laying fields	
(Gran	ts\$) If this amount	includes foreign gra	nts, check here		28a
29 Ne	RUN THE LOUISIAMA Adult- YO	ath Smore	Tournament.	IN WHICH	
Teo	ns qualify from our member	centers. Over	100+ teams	compete	1
at	OUR STATE FINAS. Schol	orships are a	warded to 4	onth.	
(Gran	ts\$) If this amount	includes foreign gra	ints, check here 🕺	▶ 🗆 🔞	29a
30 We	attend NATIONAL BPAA CONKIN	time + Regio	nd shows t	to provide	
onl	obtain knowledge of new pro	orducts + oppor	hrities in bo	isiness to	
hel	our lord member invest		relevant + p	reperous -	
(Gran		includes foreign gra			30a
31 Other	program services (describe in Schedule O)				
(Gran	ts\$) If this amount	includes foreign gra	ints, check here .	▶ 🗆 ;	31a
32 Total	program service expenses (add lines 28a t	through 31a)		🕨	32
Part IV	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not comp	ensated-see the ins	structions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV	<u> </u>
		(b) Average	(c) Reportable	(d) Health benefits,	(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)		other compensation
_		devoted to position	(if not paid, enter -0-)	deferred compensation	
STUAM	T Moss, President	7	٠,٠		0
_		3	<i>S</i>	Ø	P
LAURE	N Cusimano V. Presola		1		J
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MARC	Pater, Sec/ TREASURER		#500/ LAVE		
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Page	-3

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this	, rail	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	WO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	· .	/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a]
b	Did the organization file Form 1120-POL for this year?	37b		<u>~</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			اليا ــــا
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 (
39	Section 501(c)(7) organizations. Enter:	1 (
a	Initiation fees and capital contributions included on line 9	{		
40a	Gross receipts, included on line 9, for public use of club facilities	1 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		
	·	40b		 -
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ MARC PATER Telephone no. ▶ 22	5-6	,03-	591
ь	Located at ► <u>BB78 FLORIDA</u> <u>BLUD</u> <u>BATOR</u> <u>Rouge LA</u> ZIP + 4 ► <u>TC</u> At any time during the calendar year, did the organization have an interest in of a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	190	Yes	
	If "Yes," enter the name of the foreign country:	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	} }	,	
	Financial Accounts (FBAR).	} }		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	~	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
40	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	\vdash	162	140
_	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	<u></u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		 	
	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		ļ	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

rm 99	0-EZ (2Q17)					F	age
					 	Yes	No
6 '	Did the organization engage, directly or i						
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		. 46		V
art	` '` '					_	
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and complete th	e tables f	or lin	es
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	d to any question in t	his Part VI	<u> </u>	, <u></u>	<u>, [</u>
						Yes	No
7	Did the organization engage in lobbying			-	· •	1	ļ
_	year? If "Yes," complete Schedule C, Pa					-	<u> </u>
8	Is the organization a school as described					 	<u> </u>
9a	Did the organization make any transfers				. 49a	<u> </u>	
	If "Yes," was the related organization as				. 49b		
0	Complete this table for the organization's employees) who each received more that						
	employees) who each received more tha	Ţ <u></u> -		(d) Health benefits,	e, enter i	NOTICE .	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee	(e) Estimate		
	(-)	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other con	npensat	ion
			 				
		<u> </u>			l		
			 				
		†		}			
		 	 	 		-	
				1			
		f					
				ļ	1		
				}			
f	Total number of other employees paid or	er \$100,000	▶				
1	Complete this table for the organization	's five highest comp	ensated independent	contractors who each	received	more	tha
	\$100,000 of compensation from the org	anization. If there is no	one, enter "None."				
	(a) Name and business address of each independent contractor		(b) Type of service (c)) Compensation		
			ļ				
			[
			 				
							
			 				
			-				
			 				
			1				
	Total number of other independent contr	actors each receiving	over \$100,000	 >			
	Total number of other independent conti	actors cach receiving	στοι ψτου, σου				
d 52	Did the organization complete Sched	ule A? Note: All ea	ection 501(c)(3) orga	nizations must attacl	n a		

				<u> </u>
d Total	number of other independent contra	ctors each receiving over \$100,000 .	.▶	
		ile A? Note: All section 501(c)(3) c		
	Man Of	to		5-8-18
Sign	Signature of officer		Da	ite
Here	MARCA PATER	SECULTARIS		
Ì	Type or print name and title	1 00000		
Paid Proparer	Print/Type preparer's name	Preparer's signature	Date	Check I if self-employed
Use Only	Firm's name		Fir	m's EIN ▶
OSC OIII,	repenalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete. Declaration of preparer (other than office), is based on all information of which preparer has any knowledge Signature of officer Date Print/Type or print name and title Preparer's signature Date Check rf self-employed			
May the IRS	discuss this return with the preparer	shown above? See instructions		▶ 🗌 Yes 🔲 No
				000_E7

SCHEDULE O (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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	LOUISIANA	Bowlin	Proprietors	Employer identification number 72 - 085 2/95
LINE #16	······································			
	ULT-YOTH		- ⁴ 3299. ¹	₹ <u>5</u>
Tour. Sch	nment Expen clarships + Au	15: 2627. 1900s: 2671	<u>56</u>	
(2) Martin	go + Conve	ntins	\$ 10,532	2,0/
Used f	o corer o	officer t	aprisos do c	onvertion shows,
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5 H	nuntion.	Louisima He	alth Physian	chers converting Education + Dance
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