

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	artment of the mal Revenue		► Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspection		
A	For the 2	2017 cale	ndar year, or tax year beginning , 2017, and ending	, 20				
В	Check if a		C Name of organization Foundation of Louisiana Bowling Proprietors Association	ī	D Employer identification number			
	Address cl		Doing business as			72-1119013		
	Name cha	Ĭ,	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephoi	ne number		
	Initial retur		1414 N. Airline Highway			225-621-2695		
$\bar{\Box}$	Final return		City or town, state or province, country, and ZIP or foreign postal code					
$\bar{\Box}$	Amended		Gonzales LA 70737		G Gross re	eceipts \$ 183,161		
$\bar{\Box}$	Application	Ī	F Name and address of principal officer Marc A Pater			subordinates? Yes No		
		, , ,	7.6			s included? Yes No		
_	Tax-exem	ot status	□ 501(c)(3)			list (see instructions)		
j	Website:			H(c) Group e	xemption	number ▶		
K	Form of ord	ganization	✓ Corporation Trust Association Other ► L Year of formation	1988	, ,	of legal domicile LA		
	art I	Summ						
			scribe the organization's mission or most significant activities. Scholarsh	ips are aw	arded to	youth bowlers who		
ģ	1	•	e in leagues / tournaments Youth bowling activity points, fund raising record			·		
ä	1		undation for over 800 youth bowlers at 17 statewide bowling centers that are p					
E			s box ▶ ☐ if the organization discontinued its operations or disposed of m		Y	its net assets		
ò	1		of voting members of the governing body (Part VI, line 1a)		3	13		
æ	1		of independent voting members of the governing body (Part VI, line 1b)		4	13		
es	1		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	8		
Activities & Governance	1		nber of volunteers (estimate if necessary)		6	100		
Act	1		elated business revenue from Part VIII, column (C), line 12		7a	29288		
	1		ated business taxable income from Form 990-T, line 34		7b	28288		
				Prior Yea		Current Year		
4	8 0	Contribut	ions and grants (Part VIII, line 1h)		41596	22538		
ng.	9 F	rogram	service revenue (Part VIII, line 2g)		9402	3904		
Revenue	10 li	nvestme	nt income (Part VIII, column (A), lines 3, 4 and 74, 9 2018		19974	18698		
æ	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6q, 8c, 9c, 10c, and 11e)		30274	33396		
			nue – add lines 8 through 11 (must equal Part VIII- column (A), line 12)		101246	78536		
_			nd similar amounts paid (Part IX, column (A), lines 1 3)		103274	86097		
			paid to or for members (Part IX, column (A), line 4)					
s			other compensation, employee benefits (Part IX, column (A), lines 5–10)	· · · · · · · · · · · · · · · · · · ·	12189	13901		
3Se			nal fundraising fees (Part IX, column (A), line 11e)					
Expenses			draising expenses (Part IX, column (D), line 25) ► 3370	···		allen and a filter transport of the second		
ŭ	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		32303	30118		
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		147766	130116		
			less expenses Subtract line 18 from line 12		-46520	-51580		
e e		·		nning of Curr	ent Year	End of Year		
lanc	20 T	otal asse	ets (Part X, line 16)		729043	676581		
ABa	21 T		lities (Part X, line 26)		125	-757		
Net Assets or Fund Balances	22 N	let asset	s or fund balances Subtract line 21 from line 20		728918	677338		
Pa	art II		ure Block					
Un	der penaltie	es of perjur	y, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the	best of n	ny knowledge and belief, it is		
tru	e, correct, a	and comple	ete Declaration of preparer (other ina) officer) is based on all information of which preparer has	any knowled	dge			
		17	Mary Ufota		11-	14-18		
Sig	jn 📗	Signa	ature of officer	Date				
He	re	W	LARC A PATER PRESIDENT					
		Туре	or print name and title					
Pa	id	Print/Typ	preparer's name Preparer's signature Date		Check	T If PTIN		
	eparer				self-emp			
	e Only	Firm's na	ame ►	Firm's	EIN ►	· ·		
U 3	.c Omy	Firm's ac	ddress ►	Phone				
Ma	y the IRS	discuss	this return with the preparer shown above? (see instructions)			Yes No		
For	Paperwo	rk Reduc	tion Act Notice, see the separate instructions. Cat No 1	1282Y		Form 990 (2017)		



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orm 99	0 (2017) Page 2
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission The Foundation processes and conducts fundraisers and maintains activity records for a statewide youth bowling scholarship
	program
	program
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services ⁷
	If "Yes," describe these changes on Schedule O.
4	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.
4-	(Code 541200) (Funesces & 94007 including greate of & 94007) (Doyonius & 49525)
4a	(Code 541200) (Expenses \$ 86097 including grants of \$ 86097) (Revenue \$ 48525) Scholarship Program - Scholarships are awarded to youth bowlers who have participated in leagues and / or tournaments. Youth
	activity records are maintained by the Foundation for over 800 bowlers at 17 statewide bowling centers that are participating
4b	(Code: 713991) (Expenses \$ 12151 including grants of \$) (Revenue \$ 3904)
	Scholarship Tournament- this is conducted annually as a sports bowling event to award scholarship points to youth winning and participating in the event
	participating in the event
	·····
4c	(Code: 541200) (Expenses \$ 4800 including grants of \$) (Revenue \$)
	Scholarship Fund Donations - The Foundation makes donations out of administrative revenues for scholarships and awards
_	
4d	Other program services (Describe in Schedule O)
-4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 103048



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Part				
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		v
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</i> "Yes," <i>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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
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		,
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		,
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		,
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		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		V
	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a 14b		~
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		,
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		~
17	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	_	~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	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	19	~	
		For	990	(2017

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Part	Checklist of Required Schedules (continued)	-	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
_	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		,
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? .	24b		1
С	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		~
25a	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		~
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	250		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ		
	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):	s les	W. C.	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
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		~
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		,
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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.	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
~ .	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
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	V	<u>L</u>
		For	n 990	(2017)

Form **990** (2017)

art	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 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			.
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	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 2a 8	ļi		•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	V	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	30	•	-
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
h	If "Yes," enter the name of the foreign country ▶	 ~		 - -
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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	<u> </u>		-
_	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		-
e	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		V
g 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		~
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	{	}	1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		İ	
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1	}	
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	is the organization licensed to issue qualified health plans in more than one state?	13a		L
	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		1	
	the organization is licensed to issue qualified health plans 13b	1		
C	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
L.	If "Nea" has it filed a Form 720 to report these payments? If "Nea" provide an explanation in Schodule O	144h	ı	t

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins		ons
	Check if Schedule O contains a response or note to any line in this Part VI	• •		
Section	on A. Governing Body and Management		Yes	No
			162	140
1a	Enter the number of voting members of the governing body at the end of the tax year 13	١ ،		
	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			1
_	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent . 15 13	-		1
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?	<u> </u>	~	
^	·	2		
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?			٠.
_		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		V V
6	Did the organization have members or stockholders?	0		_
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?	7-		,
		7a		_
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		,
	Did the organization contemporaneously document the meetings held or written actions undertaken during	/D		
8	the year by the following			
_		8a	-	
a	The governing body?	8b	~	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Reven			
36011	on b. Folicies (This dection b requests information about policies not required by the internal rieven	<u>uc 0</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
_	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		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c		"
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u></u>	<u> </u>	
	with a taxable entity during the year?	16a		'
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	<u></u>	ļ	<u> </u>
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)
	available 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 int	erest	policy	, 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	cords	. ▶	
	Stuart J. Moss. 1414 N. Airline Highway, Gonzales, LA. 70737 (225) 621-2695			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	. \square

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.

n ally relate	u orga	anız	atio	n c	ompe	nsa	ited any curren	it oπicer, airectoi	r, or trustee.
(C)									
(B)	١						(D)	(E)	(F)
Average							Reportable	Reportable	Estimated
hours per							compensation	compensation from	amount of
	익호	Į,	♀	6	육,포	Fo			other compensation
related	dre	ŧ	l ce	y er	phes	me	organization	(W-2/1099-MISC)	from the
	증률	S.	`	lgr	Pe co		(W-2/1099-MISC)		organization and related
line)	`t̄	al tr		уеє	ğ				organizations
	ĝ	uste		"	Sene				_
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	~						0	o	0
0									
			/			L.	4360	o	0
	(B) Average hours per week (list any hours for related organizations below dotted line) 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Average hours per week (list any hours for related organizations below dotted line) 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Average hours per week (list any hours for related organizations below dotted line) 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Average hours per week (list any hours for related organizations below dotted line) O O O O O O O O O O O O O	Average hours per week (list any hours for related organizations below dotted line) O O O O O O O O O O O O O	(B) Average hours per week (list any hours for related organizations below dotted line) 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Average hours per week (list any hours for related organizations below dotted line) 0 0 0 0 0 0 0 0 0 0 0 0 0	(B) Average hours per week (list any hours for related organizations below dotted line) 0	(B) Average hours per week (list any) hours for related organizations below dotted line) 0

Part	(A) Name and title	(B) Average hours per week (list any	(do n	Position (do not check more than o box, unless person is both officer and a director/trustr					(D) Reportable compensation from	(E) Reportable compensation from related	е	(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations	
(15)										_			
(16)													
(17)													
(18)													_
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
С	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		l	l	<u>_</u>	•	> > >	4360		0		0
2	Total number of individuals (including but reportable compensation from the organic	not limited				ed a	above	e) w	·	ore than \$10		0 of	-
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direc	tor, c	or tr	uste indi	ee,	key e	emp		est compe	nsate	Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ividu	al 5 🗸	
Section	on B. Independent Contractors	<u> </u>											_
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	
													_
													_
2	Total number of independent contractor received more than \$100,000 of compens		-					th	ose listed abo	ove) who			

Part	VIII	Chapter Schodule O		cnonco or noto to	any line in this !	Dart VIII		
 	`	Check if Schedule O	contains a re	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts ts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11	2470				
	C	Fundraising events	. 10	:	į			• •
	d	Related organizations	10	1				
is, (е	Government grants (con		<u> </u>	İ			
tior sr S	f	All other contributions, g			•			
핥		and similar amounts not inc	luded above 11	20068	1			
id C	g	Noncash contributions include						
<u>3 E</u>	h	Total. Add lines 1a-1	<u>f</u>		22538			
Ę				Business Code				
Уe	2a	Scholarship Tourname	ent	713991	3904	3904		<u> </u>
e K	b							
Š.	С						,	
Sel	d							
rai	е	A.D!		-				
Program Service Revenue	†	All other program sen			2004			
	<u>g</u> 3	Total. Add lines 2a-2 Investment income	(noluding div	dondo interest	3904	· I		
	3	and other similar amo	•	b lacinus, interest,	18698	18698		
	4	Income from investmen	•	hand proceeds	10090	10076		
	4 5	Royalties	t of tax-exempt	bona proceeds				
	3	noyanies	(ı) Deal	(ii) Personal				
	6a	Gross rents .		<u> </u>				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or ((loss)				-	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory				į		
	ь	Less cost or other basis			1			·
		and sales expenses						•
	С	Gain or (loss)						
	d	Net gain or (loss) .		•				
evenue	8a	Gross income from fu	ındraısıng			1		
ĕ		events (not including \$						
		of contributions reporte	ed on line 1c)					0
Other R		See Part IV, line 18		а		i		
₹	1	Less direct expenses		b		,		***************************************
		Net income or (loss) f						
	9a	Gross income from ga	•					
		See Part IV, line 19		a 138021				
		Less; direct expenses		b 104625				
		Net income or (loss) f			33396	4108	29288	
	10a	Gross sales of in returns and allowance					,	٠
	١.			a	1		,	,
		Less: cost of goods s		b			•	
	с	Net income or (loss) f		Business Code				
	14-	IVIISCEIIAITEOUS H	evenue	Dusiness Code				
	11a			-				_
	b						<u> </u>	: - :-:-
	4	All other revenue		-				
	d	Total. Add lines 11a-	.11d	•				
	12	Total revenue. See in			78536	26710	29288	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete col	umn (A)
	Check if Schedule O contains a respon	se or note to any lin			
	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	86097	86097		۰
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				
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12760		12760	
9	Other employee benefits				
10	Payroll taxes	1141		1141	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	3815		445	3370
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	427		427	
13	Office expenses	2258		2258	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	148		148	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings .	2276		2276	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	Scholarship Tournament	12151	12151		
b	Scholarship Donations	4800	4800	40.45	
C	990-T Tax Liability	4243		4243	
d	All other eveness	-			
e 05	All other expenses Total functional expenses. Add lines 1 through 24e	12011/	102040	22400	2270
25 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)	130116	103048	23698	3370

۲,	art X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response or no	te to any line in this Par	tX		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		31039	1	24879
	2	Savings and temporary cash investments .		698004	2	651702
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and form				
	•	trustees, key employees, and highest comp	· .			
		Complete Part II of Schedule 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 co				
	ĺ	sponsoring organizations of section 501(c)(9) voluntary				
y,		organizations (see instructions) Complete Part II of Schedule			6	
set	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	`			-
		other basis Complete Part VI of Schedule D	a			
	ь	Less accumulated depreciation			10c	<u> </u>
	11	Investments—publicly traded securities	- 1		11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11	⊢		13	·
	14		Г		14	
	15	Intangible assets Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal lin	· · ·	729043	16	676581
_	17	Accounts payable and accrued expenses		1924	-	
	18	Grants payable	f		18	
	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·	
	20	Tax-exempt bond liabilities	_	20	*	
	21	Escrow or custodial account liability. Complete Part		21		
Ø	22	Loans and other payables to current and form				
ij		trustees, key employees, highest compensati	3		٠	
Ē	[disqualified persons Complete Part II of Schedule to			22	
Liabilities	23	Secured mortgages and notes payable to unrelated		23		
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, pay			<u> </u>	
	20	parties, and other liabilities not included on lines 17				
		of Schedule D	-, r	-1799	25	-757
	26	Total liabilities. Add lines 17 through 25		125		(3757
_		Organizations that follow SFAS 117 (ASC 958), cl	neck here ▶ □ and			
ės		complete lines 27 through 29, and lines 33 and 34				
SE.	27	Unrestricted net assets			27	
<u>ag</u>	28	Temporarily restricted net assets		28		
8	29	Permanently restricted net assets			29	
ڃ		Organizations that do not follow SFAS 117 (ASC 958),	check here ▶ 🔲 and 🖡			
Net Assets or Fund Balances		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .			30	
set	31	Paid-in or capital surplus, or land, building, or equip	F		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated incom	F	728918		677338
Net /	33	Total net assets or fund balances	728918		677338	
	34	Total liabilities and net assets/fund balances		729043	-	676581

_	-	•
Page	- 1	/
uge		_

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		t XI Reconciliation of Net Assets	art
<u></u>		Check if Schedule O contains a response or note to any line in this Part XI	
78536	1	Total revenue (must equal Part VIII, column (A), line 12)	1
130116	2	Total expenses (must equal Part IX, column (A), line 25)	2
-51580	3	Revenue less expenses Subtract line 2 from line 1	3
728918	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4
	5	Net unrealized gains (losses) on investments	5
	6	Donated services and use of facilities	6
	7	Investment expenses	7
	8	Prior period adjustments	
	9	Other changes in net assets or fund balances (explain in Schedule O)	
		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
677338	10	33, column (B)) t XII Financial Statements and Reporting	
		Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other	
	xplain in	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O	
2a 🗸		If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co	2a
2a 🗸		If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both:	2a
		If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a
2a	npiled or	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2a b
	npiled or	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2a b
	npiled or	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both	2a b
2b	npiled or ted on a	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	2a b
2b 🗸	npiled or ted on a oversight ountant?	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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	2a b
2b 🗸	npiled or ted on a poversight puntant? explain in	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both Separate basis Consolidated basis, or both Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year,	2a b c
2b	npiled or ted on a poversight puntant? explain in t forth in	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O 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 coreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 basis, consolidated basis, or both 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 of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as selection.	2a b

SCHEDULĘ G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

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

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

ntification number

	dation of Louisiana Bowling Propri	ietors Association	n			Zinployer identiliti	1119013
Par				ation ansv	vered "Yes" on I		
ı aı	Form 990-EZ filers are				vered res on	om 550, rann,	IIIIC 17.
1	Indicate whether the organizati				owing activities C	heck all that apply.	
а							
b	☐ Internet and email solicitation	ons	f [on of government	•	
c	☐ Phone solicitations		g [fundraising events		
d	☐ In-person solicitations		5 -				
2a	Did the organization have a wr	itten or oral agre	ement with	any individ	dual (including offi	cers directors trust	tees
	or key employees listed in Forn						
b	If "Yes," list the 10 highest pair	•	-			=	
_	compensated at least \$5,000 b			а, а, о о , о , р .	aroualit to agreen		
		·, ·g					
			T		T	(v) Amount paid to	1
	(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(, /	contributions?		from activity	fundraiser listed in col (i)	organization
	• •	+	Yes	No		<u> </u>	
1			100		-[
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3		-					
J							
4							-
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5		1					
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•							
7		1	 -				
-							
8							
9						-	
10							
			<u>'</u>	•			
Total			•	•			
3	List all states in which the org	anization is regis	stered or lic	censed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.						
							••••
			·				
			·				

••							

	`	than \$15,000 of fundraising gross receipts greater that	n \$5,000.			nd ob. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ш.	2 3	Less Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes .				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment .				
	9	Other direct expenses				
	10 11	Direct expense summary. Ac Net income summary Subtra	act line 10 from line 3, c	olumn (d)		roported more
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	•	ed tes on ronn 99	o, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue	56918	81103		138021
ses	2	Cash prizes	49767			4976
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs .	3340	37006		40346
	5	Other direct expenses	3074	11438		14512
	6	Volunteer labor	✓ Yes 20 % □ No	✓ Yes 20 % No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	dd lines 2 through 5 in c	olumn (d) .	•	10462
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	•	33396
	a Is	nter the state(s) in which the oi the organization licensed to c "No," explain	-	s in each of these states		. ☑ Yes ☐ No
				, suspended, or termin		? ☐ Yes ☑ No

cneaui	e G (Form 990 or 990-E2) 2017
11 12 、	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility
	records: Name ► Stuart J Moss Address ► 17299 W Autumn Drive, Prairieville, LA 70769
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ► Address ►
16	Gaming manager information Name ► Stuart J Moss
	Gaming manager compensation ► \$ 2000 00 Description of services provided ► Accounting & Computer Services, State & Parish reporting and applications
17 a	□ Director/officer □ Employee □ Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

1545-0047	
OMB No	0

2017

∠ U I I

Open to Public
Inspection

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number ☑ Yes 72-1119013 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Foundation of Louisiana Bowling Proprietors Association (b) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part Part Ξ 2 ල <u>4</u> <u>છ</u> 9 0 <u>®</u> <u></u> 5 (12)

Schedule I (Form 990) (2017)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule 1 (Form 990) (2017)

must enroll within 18 months of scheduled graduation date or apply for an extension. Any unused scholarships are returned to the state scholarship fund to award to future participants graduate, the points convert into a scholarship that they may use for an accredited form of higher education. The conversion rate is one point per dollar. To use the scholarship, they Participation point records are maintained for all youth bowlers that are registered in the program If they remain in the program until they graduate from high school or were scheduled to (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) 0 (d) Amount of noncash assistance 86097 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 89 (a) Type of grant or assistance 1 Scholarships Awarded Part IV Part III က 2 9 N 4