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 1545-0047 2018

Department of the Treasury

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

Open to Public

Inte	mal Rever	nue Service	► Go to www	w.irs.gov/Form99	90 for instruction	s and the	e latest in	formation.	אאוטוו	Inspec	tion
A	For the	e 2018 cale	ndar year, or tax year beg	inning		2018, an	d ending			, 20	
В	Check if	f applicable	C Name of organization Foun	dation of Louisia	ana Bowling Prop	rietors A	Associatio	n	D Employ	er identification n	umber
		s change	Doing business as							72-1119013	
	Name cl	•	Number and street (or P O b	oox if mail is not deli	vered to street addre	ess)	Room/suite		E Telepho	ne number	
Ħ.	Initial ref		1414 N. Airline Highway			1		ľ		225-621-2695	
$\overline{\Box}$		ım/terminated	City or town, state or province	ce. country, and ZIP	or foreign postal cod	de				220-021 2000	
Ħ		ed return	Gonzales, LA 70737	, ,,	5 .				G Gross re	eceints \$	211,164
H			F Name and address of princip	al officer Marc	A. Pater			Mal Is this a si		subordinates? Yes	
	Applicat							1 ''	•	s included? Yes	_
	T		13133 S. Braxton Ave. Ba			- Y44	763/ 1	⊣ ''		a list (see instruction	
<u> </u>		mpt status	<u> </u>	501(c) (4) ◀ (insert no)	a)(1) or ∟	J 527)	┥		·	
J	Website		(7) Carrameter	A		l V		H(c) Group			
	art I			Association Oth	ner ►	L Tear	of formation	n 1988	M State	of legal domicile	LA
	1	Summ			at a smith and and		Cabalasa	bino ora au	unadad ta	a. d dta.	
a)	'	-	escribe the organization's		•					-5	
Activities & Governance			e in leagues / tournaments							records are ma	intained
Ē			undation for over 800 your								
×e	2		is box ▶ ☐ if the organiz				oosea or	more than	1 . 1	its net assets.	
Ğ	3		of voting members of the	-	-				3		13
S.	4		of independent voting me	•					4	ļ	13
€.	5		nber of individuals emplo				2a) .		5		
ફ	6	Total nun	nber of volunteers (estim	ate if necessary	RECEIVE	ED.	1	• • •	6_		100
ď	7a		elated business revenue			ي السيح	<u> </u>		7a		31584
	b	Net unrel	ated business taxable in	come from bro		m C	<u>} </u>	<u></u>	7b		30584
				lXI	MUV 25 2 20	`` 1 <i>U</i>	SI _	Pnor Ye	ar	Current Ye	ear
ō	8	Contribut	tions and grants (Part VII	I, line 1h)		ق لــــــــــــــــــــــــــــــــــــ	il · _		22538		<u>4</u> 2184
Revenue	9	Program	service revenue (Part VII	I, line 2g) .	OGDEN.	17	·I ∟		3904		15952
ě	10	Investme	nt income (Part VIII, colu	mn (A), lirles-3,-	AF and 787	7.	₊J. ∟		18698		17640
	11	Other rev	enue (Part VIII, column (/	A), lines 5, 6d, 8	c, 9c, 10c, and	11e).			33396		28872
	12	Total reve	enue-add lines 8 through	า 11 (must equal	Part VIII, columi	ո (A), line	: 12)		78536		104648
	13	Grants ar	nd similar amounts paid ((Part IX, column	(A), lines 1-3) .	•	L		86097		82645
	14	Benefits	paid to or for members (F	Part IX, column	(A), line 4)		L				
S	15	Salaries, o	other compensation, empl	loyee benefits (P	art IX, column (A)), lines 5-	-10)		13901		12382
Expenses	16a	Professio	nal fundraising fees (Par	t IX, column (A).	, line 11e)		🗀				
ĝ	b	Total fund	draising expenses (Part I	X, column (D), li	ne 25) 🕨		2250			[. —	
ш	17	Other exp	penses (Part IX, column ((A), lines 11a-11	d, 11f-24e) .		[30118	<u> </u>	29252
	18	Total exp	enses. Add lines 13-17 ((must equal Par	t IX, column (A),	line 25)			130116		124279
	19	Revenue	less expenses. Subtract	line 18 from line	e 12		🗀		-51580		-19631
e s							Ве	ginning of Cu	rrent Year	End of Ye	
sets or flances	20	Total ass	ets (Part X, line 16) .				🗔		676581		660132
Ž₩	21	Total liab	ılıtıes (Part X, line 26)				${ extstyle $		-757		2423
Net Asse Fund Bala	22	Net asset	ts or fund balances. Sub	tract line 21 fror	m line 20		🗀		677338		657709
Pá	art II	Signat	ure Block				•				
Un	der pena	ities of perjui	ry, I declare that I have examine	ed this return, includ	ling accompanying s	chedules a	and stateme	ents, and to th	ne best of r	my knowledge and	belief, it is
tru	e, correc	t, and comple	ete Declaration of preparer leth	ner than officer) is ba	ised on all information	n of which	preparer h	as any knowle	edge	1 1	
		12/1	Tow UPa	too					11	120/19	
Sig	ın	Signa	ature of officer	_	<u> </u>	<u> </u>		Da	e		
He	re		LARC A PI	4728							
		Type	or print name and title								
Pa	id	Print/Typ	pe preparer's name	Preparer's s	signature	_	Date		Check	pTIN	
	iu epare	, = =		1					self-emp		
	epare e Onl		ame 🕨					Firm	's EIN ▶	· · · · · · · · · · · · · · · · · · ·	
US			ddress ▶						ne no		
Ma	y the IF		this return with the prep	parer shown abo	ove? (see instruc	tions) .				. Tyes	s ☐ No
_			ction Act Notice, see the s				Cat No	11282Y			90 (2018)
	,,,			-,				ラ	γ		,==,

Part	t III Statement of Program Service Accomplishments	
(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	
	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?	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant change	
	services?	· · · · · · · · · · · · □ Yes ☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each	of its three largest program conjects as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to	
	the total expenses, and revenue, if any, for each program service report	
4a	· · · · · · · · · · · · · · · · · · ·	
	Scholarship Program - Scholarships are awarded to youth bowlers who have	
	activity records are maintained by the Foundation for over 800 bowlers at 17	statewide bowling centers that are participating.
		•
4b	(Code: 713991) (Expenses \$ 13508 including grants of \$) (Revenue \$ 15952)
	Scholarship Tournament - this is conducted annually as a sports bowling ev	
	participating in the event.	
		•
-		
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		••
		•••••••••••••••••••••••••••••••••••••••
	(O-d) /D
4c	· · · · · · · · · · · · · · · · · · ·	
	Scholarship Fund Donations - The Foundation makes donations out of admi	nistrative revenues for scholarships and awards.
4d	Other program services (Describe in Schedule O.)	
		venue \$)
40	Total program service expenses	

21



Form 990 (2018) Page 3 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 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 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? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 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, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ✓ 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
•			Yes	No
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		✓
b	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		1
d	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		→
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
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? <i>If "Yes," complete Schedule N, Part I</i>	31		<u>√</u>
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		✓_
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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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	✓	
Part				_
	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		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
,	Enter the number of ampleyees reported as Form W.S. Transmitted of Wass and Tay		Yes	No
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 7			Í
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		Ť	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	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).	<u></u>		<u>_</u> _
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<u>/</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
ь	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			
	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
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 organization have excess business holdings at any time during the year?	-		Ť
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		√
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			l
a				ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			l
b	Enter the amount of reserves the organization is required to maintain by the states in which			l
_	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓_
	If "Yes," see instructions and file Form 4720, Schedule N.			\Box
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ _
	If "Yes," complete Form 4720, Schedule O	لـِــا	n 990	/2045
		Form	n ササリ	(2018)

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	90 (2016)			Page C			
Part							
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
C4	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	. ☑			
Secti	ion A. Governing Body and Management	_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		168	NO			
ıa	If there are material differences in voting rights among members of the governing body, or	4					
	of the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2	V				
3	Did the organization delegate control over management duties customarily performed by or under the direct	,					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		✓_			
5							
6	Did the organization have members or stockholders?	6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_		1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Í	ĺ	ĺ ,			
_	stockholders, or persons other than the governing body?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1			
а	the year by the following: The governing body?	8a	1	 			
b	Each committee with authority to act on behalf of the governing body?	8b	7				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	 -	<u> </u>				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.))			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	ļ	✓			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
44	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? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		✓_			
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1				
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,"			<u> </u>			
Ŭ	describe in Schedule O how this was done	12c		1			
13	Did the organization have a written whistleblower policy?	13	1				
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 with a taxable entity during the year?	16a		1			
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>					
Co ok	organization's exempt status with respect to such arrangements?	16b		Щ.			
	on C. Disclosure						
17 10	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 (1024 or 1024-A if applicable), 990, and 990-7 (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)	(Sec	tion :	50 I(C)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest	policy	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords					
	Street I Macc 1414 N. Airling Highway Convolor I A 70727 (225) 521 2505						

Form	aan	1201	O١

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

Check if Schedule O contains a res	ponse or note to any line in this Part VII						. 1	
	~	 _	 		 	_	 	_

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atıc	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
				(6	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익물	Ξ	Q	<u>۵</u>	8 I	77	from the	related organizations	other compensation
	related	함	Ě	Officer	ye	P She	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	8 2	ğ		np[yea c	٦	(W-2/1099-MISC)		organization
	line)	ੋ ਨੂੰ	불		Key employee	ğ				and related organizations
	'	Individual trustee or director	Institutional trustee		"	Highest compensated employee			١	-
			ď			ited	_			
(1) Marc A. Pater	0									
President	·	1		1				0	o	0
(2) John Cormier	0	 	H	١Ť				ļ. — <u> </u>		
Vice President	· V -	1		1				۰ ا	o	0
(3) Cecilia Santangelo	0	 	├	Ť				— ·		
Trustee	·	1						1 0	0	0
(4) Sue Braud	0	⊢ `			-			 		
Trustee	· -	1		l]		l	1	· o	. 0
(5) Melanie Coleman	0	 	_					 		
Trustee	·	1						0	٥	0
(6) Shirley Crowley	0	-	<u> </u>		-			<u>_</u>	-	
Trustee	·	1	Ì	l			l	1	l	0
(7) Caren Babineaux	0			-			_			
Trustee	· 	1						٥	o	0
(8) Renella Cormier	0	<u> </u>	-							
Trustee	· †	1		ĺ				1 0	ا	0
(9) Rita Daigle	0	<u>├</u>	-					 		
Trustee	· 	1						ا ا	o	0
(10) Michael LaCroix	0	<u> </u>						†		
Trustee	†	1						1 0	0	0
(11) Richard Achord	0								<u>`</u>	<u></u> <u>-</u>
Trustee	·	1						o	o	0
(12) Allen Cope	0	 						<u> </u>	<u>-</u>	
Trustee	· · · · · · · · · · · · · · · · · · ·	1						ا ،	o	0
(13) Charlene Ourso	0			-				<u> </u>	-	
Trustee	† <u>-</u>	1		1]	1 0	o	0
(14) Stuart Moss	5									
Treasurer	† <u>-</u>			/				3004	o	0
			_	_	_				· <u>-</u>	<u>_</u>

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd <u>F</u>	lighe	st C	ompensated E	mployees (contin	nued)
`					•	C)						
	(A)	(B)	(do n	ot ch		more	e than e	ne	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportab		Estimated
		hours per week (list any		_			or/trus	<u> </u>	compensation from	compensation related	1 trom	amount of other
		hours for	Individual trustee or director	Inst	Officer	Key employee	휨	Former	the	organizatio		compensation
		related	l red ≤	효	မြ	em	lest	ը	organization (W-2/1099-MISC)	(W-2/1099-M	ilSC)	from the
		organizations below dotted	tor ia	ona		탕	မ င္ရ		(00-271099-101130)			organization and related
		line)	l st	2		ee	пре					organizations
			8	Institutional trustee			Highest compensated employee		,		- }	
				L			8					
(15)	***************************************	ļ					1					
(16)		ļ				-		ļ	İ	}		
							<u> </u>					
(17)		ļ									i	
								_				
(18)		ļ			ł		l	l			ł	
						_						
(19)			ļ						İ			
-									ļ			<u> </u>
(20)		}			ł				ĺ		1	
(0.4)					-		<u> </u>	<u> </u>				
(21)		ļ										
(0.0)		ļ					 -					
(22)		f	[!				ĺ	ĺ	[- 1	
(00)					<u> </u>	_	<u> </u>				$-\!+$	
(23)		ļ									- 1	
(04)		 	-		_	-		<u> </u>	 		-+	
(24)							,					
(25)								-			+	 ,
(25)		+	· '									
1b	Sub-total		l		L		L	_	3004		0	0
C	Total from continuation sheets to Part		 n Δ	•	•	•	•		3004		─ ⁴	
ď				•	•	•	•	•	3004		0	0
	Total number of individuals (including bu			Inse	· list	ed	ahove	- NV (e				
_	reportable compensation from the organ			1030	, 1131		above	., 	0	oro trigir wi	30,00	0 01
				_								Yes No
3	Did the organization list any former of	ficer direc	tor c	r tr	uste	ee.	kev e	emp	lovee, or high	est compe	nsate	The state of the s
	employee on line 1a? If "Yes," complete											3 ✓
4	For any individual listed on line 1a, is the							n a	nd other comr	encation fr	om th	
7	organization and related organizations											
	individual		ω., φ.					., 				4 1
5	Did any person listed on line 1a receive of	or accrue co	ompei	nsat	tion	froi	m anv	un un	related organiz	ation or ind	lividua	al la la la la la la la la la la la la l
_	for services rendered to the organization											5 ✓
Section	n B. Independent Contractors											·
1	Complete this table for your five highest	compensat	ed ind	dene	end	ent	contr	acto	ors that receive	ed more tha	n \$10	0.000 of
•	compensation from the organization. Rep											
	year.	•						·	J			J
	(A)								(B)			(C)
	Name and business add	fress							Description of s	ervices		Compensation
									<u></u>			
								_				
	Taket some of an decree to the second	(-m -1: 1		<u> </u>		1	- ام					
2	Total number of independent contractor received more than \$100,000 of compens							ın		ove) wno		
	received more man \$100,000 or compens	auvn HUIII I	11 C OI	yaıı	ızal	1011	_		0	l l		

Pan	VIII	Statement of Revenue Check if Schedule O contains a	a roch	ance or note to	any lina in this	Dart VIII		
	•	Check if Schedule O Contains a	a respi	onse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ats nts	1a	Federated campaigns	1a					
irar our	b	Membership dues [1b	4536	1			
s, C Am	С	Fundraising events	1c		1			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d]			
ž, i	е	Government grants (contributions)	1e					
tior er S	f	All other contributions, gifts, grants,	ŀ	1		•		
혈粪		and similar amounts not included above	1f	37648				
d at	g	Noncash contributions included in lines 1a-						
	h	Total. Add lines 1a-1f	<u> </u>		42184			
Ę			<u> </u>	Business Code				
eve	2a	Scholarship Tournament		713991	15952	15952		
ë	b		-					
ξ	C	••						
งั้	d		-					
Jran	e f	All other program service revenue						
Program Service Revenue	g	Total. Add lines 2a-2f		▶	15952			
	3	Investment income (including of			13332	****	 	
		and other similar amounts)			17640	17640		
	4	Income from investment of tax-exem	npt bon	d proceeds ▶			_	
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	<u> </u>		.				
	7a	Gross amount from sales of (i) Securities	es	(ii) Other				
	_	assets other than inventory						
	b	Less cost or other basis						
	c	and sales expenses . Gain or (loss)	-+	{				4
	d	Net gain or (loss)		▶				
	"	ret gain or (1033)	Г				· · · · · · · · · · · · · · · · · · ·	
venue	8a	Gross income from fundraising events (not including \$						ı
Other Rev		of contributions reported on line 1c See Part IV, line 18	;) a					
ă		Less: direct expenses	_					
		Net income or (loss) from fundral		vents . ▶				
	9a	Gross income from gaming activity						
		See Part IV, line 19	· · · · ·	135387				
		Less: direct expenses	_	106515				
		Net income or (loss) from gaming Gross sales of inventory, le		ties 🕨	28872	-2712	31584	
	10a	returns and allowances						
	ь	Less: cost of goods sold	<u> </u>					
		Net income or (loss) from sales of		ntory ▶				
	<u> </u>	Miscellaneous Revenue		Business Code				· · · · · · · · · · · · · · · · · · ·
	11a		$\overline{}$				· · · · · · · · · · · · · · · · · · ·	
	ь		· -					
	c		·		-			
	d	All other revenue	·	· -				
•	e	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		_	104649	20000	21504	

	90 (2018) Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	s must complete col	umn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, 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	82645	82645		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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	İ			
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	Other salaries and wages	11404		11404	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes	978		978	
''	Management				
b	Legal				
C	Accounting	2667		417	2250
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	352		352	
13	Office expenses	2300		2300	
14	Information technology		· 		
15 16	Royalties	·			
17	Travel	147		147	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	147			
19	Conferences, conventions, and meetings	655		655	
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.)	i			
	Sabalarahin Taurmamant	12500	13500		
a b	Scholarchin Donations	13508 3200	13508 3200		
c	990-T Tax Liability	6423	3200	6423	
d		2.20			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	124279	99353	22676	2250
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)				

F	art X	——————————————————————————————————————			_ _
	•	Check if Schedule O contains a response or note to any line in this Pa	tX <u></u>	· · ·	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	24879	1	35790
	2	Savings and temporary cash investments	651702		624342
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
w	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	·
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		9	
	104	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	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)	676581	16	660132
	17	Accounts payable and accrued expenses	070381		000132
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·		
Liabilities		trustees, key employees, highest compensated employees, and			
þi		disqualified persons. Complete Part II of Schedule L		22	
Lia	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		Ì	
		of Schedule D	-757	25	2423
	26	Total liabilities. Add lines 17 through 25	-757	1	2423
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
3af	28	Temporarily restricted net assets		28	
פֿ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	677338		657709
Net Assets	33	Total net assets or fund balances	677338		657709
_	34	Total liabilities and net assets/fund balances	676581		660132
					Form 990 (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2018)

За

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Found	lation of Louisiana Bowling Proprietors Association		72-1119013
	Companizations Maintaining Donor Adv	rised Funds or Other Similar Fund	s or Accounts.
_	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par	t II Conservation Easements.		
ı aı	Complete if the organization answered '	"Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		-
•	The state of the s	-	historically important land area
	Preservation of land for public use (e.g., recreat	· _	* · · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation of a	a certified historic structure
^	Preservation of open space		un Alba danna ad a sasasanishina
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		. <u>2a</u>
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified t	• •	
ď	Number of conservation easements included in	(c) acquired after 7/25/06, and not or	na
	· ·		· 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or termi	nated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg	garding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · Tes . No
6	Staff and volunteer hours devoted to monitoring, inspec-	cting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
	▶\$		- ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue a	
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Parl	III Organizations Maintaining Collections		ther Similar Assets
	Complete if the organization answered '		7.000to.
	If the organization elected, as permitted under SF		avenue statement and balance shoot
Ia	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fi		
L	•		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts relati	-	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		> \$

Pag	16	2

A - L L - L -	_	/	000	2242
Schedule	υ	(rom	9901	2018

	III Organizations Maintaining							
3 .	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, ched	ck any of the	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	rams	
b	☐ Scholarly research		e	Othe	er			
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and expla	un how t	they further t	the org	anızatıon's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							lar
Part	IV Escrow and Custodial Arra	ingements.					<u> </u>	
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:			
							, <i>F</i>	Amount
C	Beginning balance					1c		
d	Additions during the year					<u>1d</u>		
e						1e		
f	Ending balance				.'	1f		√2 □ Vaa □ Na
2a	If "Yes," explain the arrangement in Pa							
Par		art Am. Oneck nere	- II (IIC C)	piariatio	ii nas been ş	provide	O ON T ATT ATT .	<u> </u>
	Complete if the organization	answered "Yes"	on For	m 990. I	Part IV. line	10.		
		(a) Current year	(b) Prio		(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance					Ì		
b	Contributions							
С	Net investment earnings, gains, and losses			-				
d	Grants or scholarships	· -	<u> </u>					
e	Other expenditures for facilities and programs							
f	Administrative expenses				<u> </u>			
g	End of year balance							
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	g, column (a)) held a	as:	
а	Board designated or quasi-endowmer	nt >	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶							
_	The percentages on lines 2a, 2b, and							
За	Are there endowment funds not in the organization by:	e possession of th	e organiz	ation th	at are neid a	and adr	ministered for ti	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations			•				3a(ii)
ь	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses							<u> </u>
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes"	on For	n 990, I	Part IV, line	11a. S	See Form 990	, Part X, line 10.
·	Description of property	(a) Cost or oth (investme			or other basis other)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X	<u>, columr</u>	า (B), line 10d	c.)	<u>▶</u>	

**Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (e) Nethod of value (c) Nethod of valu	Part VII	Investments - Other Securities		m 99	0 Part IV line	11h See Forn	n 990 Part X line 12
(2) Closely-held equity interests		(a) Description of security or categor		1	·	(c) Me	thod of valuation
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B							
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other						
(C) (C)	(A)						
(f) (f) (f) (f) (f) (f) (f) (f) (f) (f)		•••••	·	-			
(if) (ij) (ij) (ij) (ij) (ij) (ij) (ij) (ij							
(if) (iii) (iiii) (iiiiiiiiiiiiiiiiiiiii							
(i) (ii) (iii) (iii) (iiii)		•					
Total, Column (b) must equal Form 990, Part X, col (b) line 12) ▶				 			
Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		•••	·				
Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	Total. (Column (I	b) must equal Form 990, Part X, col (B) line 12.)			<u> </u>		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (a) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal innorme taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			d.				
Cost or end-of-year market value		Complete if the organization ans	wered "Yes" on For	m 99	0, Part IV, line	11c. See Forn	n 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 2423 (2) (3) (4) (5) (6) (7) (6)		(a) Description of investment		(b)) Book value		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1.			oi. (B) line 15.)	<u>· · · </u>	· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
Inne 25.	Partix		wered "Yes" on For	m 99	0 Part IV line	11e or 11f Se	e Form 990 Part X
1. (a) Description of liability (b) Book value (1) Federal income taxes 2423 (2) (3) (4) (5) (6) (7) (8) (6)			Weilda 165 Oill Oi	00	o, i ai i i i i i i	7 1 10 01 1111 00	0 1 01111 000, 1 Qrt X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	1.		(b) Book value	1			
(2) (3) (4) (5) (6) (7) (8)	(1) Federal in	ncome taxes		2423			
(4) (5) (6) (7) (8)	(2)						
(5) (6) (7) (8)							
(6) (7) (8)							
(7) (8)							
(8)							
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 2423		h must equal Form 000 Part V col (D) line 25 1	 	0455			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 2423 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			de the text of the footne		the organization	s financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	e D (Form 990) 2018		Allah Dannan	Detici	Page 4
				Return	l.
•				T a T	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	الما		<u>'</u>	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e				2e 3	
3	Subtract line 2e from line 1	i .		3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII)	4b			•
	A LLL CONTRACTOR OF THE CONTRA			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part					rn.
	Complete if the organization answered "Yes" on Form 990, I			J. 1101a	
1	Total expenses and losses per audited financial statements	<i>a,</i> , ,	,	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
-	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	<u> </u>		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		i	
b	Other (Describe in Part XIII.)	4b			
С				4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	<u> </u>	5	
5					
art	XIII Supplemental Information.	1 A D	art IV lines 1b and 2b	· Port V	line 4: Port V line
Part rovid					
Part rovid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Part rovid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Part rovid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
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Part rovid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	Revenue Service		Go to www.irs.gov/	Form990 for I	nstructions a	nd the latest informa		Inspection
	of the organization						Employer identif	ication number
		na Bowling Proprie						2-1119013
Part	Form 99	00-EZ filers are n	ot required to	complete	this part.		Form 990, Part IV	
1	Indicate wheth	ner the organization	n raised funds t	through any	of the follo	owing activities. C	Check all that apply.	
а	Mail solicit	tations		e [on of non-goverr	_	
b	Internet an	id email solicitatio	ns	f [on of governmen	-	
С	☐ Phone soli	citations		g 🗆] Special t	fundraising event	S	
d	In-person :	solicitations						
2a							icers, directors, trus fundraising services	
b		ne 10 highest paid at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which t	he fundraiser is to be
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1					,			
2			,					
3	_	-						
4							 	1
5								
6								
7								
8							,	
9		. <u>-</u> _						
10	. <u></u>			 	<u> </u>			
								-
Total 3	List all states					olicit contribution	ns or has been notif	ied it is exempt from
	registration or	licensing.						
-	•••••							
 -								
	•••••••		·					
						••••		
			····					

			(a) Event #1	(b) Event #2	(c) Other events	
			(a) 2 vent " "	(6) 276/11/2	(5) 5 (16) 5 (5)	(d) Total events (add col (a) through
ø)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
Re	•			-		
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	_			
	4	Cash prizes	····-			
	5	Noncash prizes		: 		
sesue	6	Rent/facility costs	<u> </u>		ļ ————————————————————————————————————	
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				······
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)	.	
	11	Net income summary. Subtra			>	
Ра	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form s	990, Part IV, line 19, 6	or reported more than
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	51374	84013		135387
ses	2	Cash prizes	50645			50645
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		37956		40782
	5_	Other direct expenses .	615	14473		15088
	6	Volunteer labor	✓ Yes 20 % No	✓ Yes 20 %☐ No	☐ Yes%	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		106515
	8_	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	28872
9	En	iter the state(s) in which the or	ganization conducts da	ming activities: Louisian	12	
	a İst	the organization licensed to co	onduct gaming activities	in each of these states	s?	. 🗹 Yes 🗌 No
ł	b If "	'No," explain:				
						•
10:	- NA/-	ere any of the organization's g				

3chedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	✓ No
12 ·	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	√ No
13	Indicate the percentage of gaming activity conducted in:		_
а	The organization's facility		%
b			100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	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?	□Yes	☑ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	03	٠٠٠ ــــ
-	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
-			
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ► Stuart J. Moss		
	Name Stuart J. Moss		
	Gaming manager compensation ▶ \$ 2250		
	Description of services provided ► Accounting & Computer Services, State & Parish reporting and applications	· 	
	□ Director/officer □ Employee ☑ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	☐ Yes	✓ No
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 (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	ii) and (ial infori	v); and mation.
			
			

SCHEDULE 1 (Form 990)

(Form 990)
Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

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

2018

OMB No 1545-0047

► Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection mulover identification number

Name of the organization	•						Employer identification number
Poundation of Louisiana Bowling Propretors Association Part I General Information on Grants and Assistance	on Grants and	Assistance					5106111.37
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ain records to subs award the grants of itzation's procedure	stantiate the amount assistance?	nt of the grants or	assistance, the g	grantees' eligibility for	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ance?	ance, and <a>Yes No
せ	ssistance to Doi y recipient that r	mestic Organiza	ations and Dom an \$5,000. Part I	estic Governm I can be duplica	ients. Complete is ated if additional s	the organization ar	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							,
(6)							
(4)							
(5)		-					
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
Enter total number of section 501(c)(3) and government organizatEnter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov organizations listed	ernment organizat	organizations listed in the line 1 table ne 1 table	ine 1 table			A A .
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	s for Form 990.		0	Cat No 50055P		Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

1 Scholarships Awarded 60 82645 0 0 2 2 3 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 Scholarships Awarded	09	82645	0		
5	2					
5	3					
6	4					
9	2					
	9					
	7					

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. Participation point records are maintained for all youth bowlers that are recognized in the program. If they remain in the program until they graduate from high school or were scheduled to 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

Schedule I (Form 990) (2018)

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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

► 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	Employer identification number	
Foundation of Louisiana Bowling Proprietors Association	72-1119013	
		
Part VI. 9. Licting is attached of addresses for trustees		
Part VI, 9 - Listing is attached of addresses for trustees.		
Part VI, 11b - At the annual Board of Trustees meeting, the members are presented with a copy of the annual financial statement. The 990		
Part VI, 19 - The governing documents, conflict of interest policy and financial statements are made available.	ulable to the public upon request.	
Part XI, 9 - Rounding adjustment		
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