(Rev January 2020)

## 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

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

Open to Public

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information	n.   "\ \ \ \	Inspection
A	For the	2019 calend	dar year, or tax year beginning , 2019, and ending		, 20
В	Check if	applicable.	C Name of organization Foundation of Louisiana Bowling Proprietors Association	D Empl	oyer identification number
_	Address		Doing business as		72-1119013
$\Box$	Name ch	_	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E Telep	hone number
H	Initial ret	_	1414 N Airline Highway		225-621-2695
H		m/terminated	City or town, state or province country, and ZIP or foreign postal code		
H	Amende		Gonzales, LA 70737	<b>G</b> Gross	receipts \$ 20631
H		on pending			or subordinates? Yes V
Ш	Applicati	on pending	<b>↓</b>		tes included? Yes N
$\overline{}$	Tay-ever	mpt status			st (see instructions)
_	Website			up exemption	•
		organization 🔽			of legal domicile LA
	art I	Summa		1 0.0.0	or rogal comments
	1		cribe the organization's mission or most significant activities. Scholarships are a	awarded to	vouth bowlers who
ø.	l '		in leagues / tournaments Youth bowling activity points, fund raising records, and		
ĕ			ndation for over 650 youth bowlers at 15 bowling centers statewide that are participated		
Activities & Governance	١ ـ		+		ito not conoto
) Ve	1		box ► ☐ if the organization discontinued its operations or disposed of more the	1	
Ğ	3		voting members of the governing body (Part VI, line 1a)		1
ο <u>υ</u>	4		independent voting members of the governing body (Part VI, line 1b)		1
iŧie	5		per of individuals employed in calendar year 2019 (Part V, line 2a)		1
Ę	6	Total numb	per of volunteers (estimate if necessary)	. 6	10
ĕ	7a	Total unrel	ated business revenue from Part VIII, column (C) Tine 12 RECEIVED	. <u>7a</u>	1776
	b	Net unrela	ted business taxable income from Form 990-1, life 39	. 7b	1676
				Year	Current Year
ō	8	Contribution	ons and grants (Part VIII, line 1h)	42184	3008
2	9	Program s	ervice revenue (Part VIII, line 2g)	15952	936
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN UT	17640	1554
<u> </u>	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, land 11e)	28872	3452
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104648	8952
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	82645	8199
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)		
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)	12382	1208
See	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		
	1		aising expenses (Part IX, column (D), line 25) ▶ 2500		-
Expense:	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	29252	2391
-	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124279	11798
ڔ	40		ess expenses. Subtract line 18 from line 12	-19631	-2846
] ] ] ]			Beginning of	Current Year	End of Year
<b>₹</b>	20	Total asset	s (Part X, line 16)	660132	62626
Net Asse Fund Bala	21		ties (Part X, line 26)	2423	-298
E E	22		or fund balances. Subtract line 21 from line 20	657709	62924
P	art II		re Block		· <u>-</u> ,
···			I declare that I have examined this return, including accompanying schedules and statements, and t	o the best of	my knowledge, and helief it
Un tru	e, correct	t, and complet	e. Declaration of preparer (other than officer) is based on all information of which preparer has any known	owledge	ily knowledge and delicit, k
			12 1 1 de	1/-	-11-20
Sig	nn	Signat	ure of officer	Date	11-00
_		July	0	<b>- - - - - - - - - -</b>	
He	re	Tuna	<del> </del>	·	
		<del></del>	r print name and title	1.	T <sub>if</sub> PTIN
Pa	id	Print/Type	preparer's name Preparer's signature Date	Check self-em	LJ "
	epare	r			pioyeu
	e Onl	Cuma'a saa	ne ▶ F	ırm's EIN ▶	
		Firm's add		hone no	
Ма	y the IF	RS discuss	this return with the preparer shown above? (see instructions)		. Yes No
For	Paperv	vork Reduct	ion Act Notice, see the separate instructions. Cat No 11282Y		Form <b>990</b> (2019

For Paperwork Reduction Act Notice, see the separate instructions.

Part	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 records for a statewide youth bowling scholarship
	arogram
	piogram
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 changes in how it conducts, any program services?
_	
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.
4a	(Code 541200 ) (Expenses \$ 81994 including grants of \$ 81994 ) (Revenue \$ 60161 )
	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 650 bowlers at 15 bowling centers statewide that are participating
4b	(Code:713991) (Expenses \$
	Scholarship Tournament - this is conducted annually as a sports bowling event to award scholarship points to youth winning and
	participating in the event
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	The state of the s
4c	(Code: 541200 ) (Expenses \$ 4000 including grants of \$ ) (Revenue \$ )
	Scholarship Fund Donations - The Foundation makes donations out of administrative revenues for scholarships and awards
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 96903

Form 990 (2019)											
Part	Checklist of Required Schedules	_									
1	Is the organization described in section 501(c)(3) or 4947(a)(1)										

			Yes	No
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		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	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		,
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? If "Yes," complete Schedule C, Part II	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		v
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? If "Yes," complete Schedule D, Part II	7		v
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		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.			نو خوسودا مدد د سد
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
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		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	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		v
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		v
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	~	
20a	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? .	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		,

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	040		V
l.	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		~
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24c		,
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		~
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		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>&gt;</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>V</b>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
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_	<del>                                     </del>	~
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	V	
Part	Statements Regarding Other IRS Filings and Tax Compliance Charle of School of Complete School of Charles School of Charl			_
	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			
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	1		
L	reportable gaming (gambling) winnings to prize winners?	1c	~	L
		For	m <b>99</b> 0	(2019

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	•			uge C
	otatomorro regarante otros morristas ana raz compilares (compilares )			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			m1/ \18	( *)
	Statements, filed for the calendar year ending with or within the year covered by this return 2	a 10		5 . 5 X	1480
b	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 e-file (see instruc	tions)		22.7	
3a	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 on Sche	edule O .	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	4a	<u> </u>	~
b	If "Yes," enter the name of the foreign country ▶			N 713	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		مُسُكِينًا الْمُ	2.20	25 (3)
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a	<b></b> -	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	•	5b	<del>                                     </del>	~
. С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	<del> </del>	<b>_</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, organization solicit any contributions that were not tax deductible as charitable contributions?.	and did the	6a	<u> </u>	~
b	If "Yes," did the organization include with every solicitation an express statement that such co gifts were not tax deductible?	ntributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).			3.57	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa and services provided to the payor?	rtly for goods	<u>ஸ்ஹ்ஹ்</u> 7a	าสมัติเลขตัดกับ	oundigtor
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				
	required to file Form 8282?		7c		~
d	100, 110,000,011,011,001,001,001,001,00	d	<b>E</b> 225	10000	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		7e	<u> </u>	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f	<u> </u>	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main sponsoring organization have excess business holdings at any time during the year?	tained by the	8	minonimpi)	u firin a upina
9	Sponsoring organizations maintaining donor advised funds.		\$335° E	45	12%
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	م <del>دند</del>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	?	9b		1
10	Section 501(c)(7) organizations. Enter			433	133.5
а	Initiation fees and capital contributions included on Part VIII, line 12	)a			144
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10	)b		15.75	
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	la l			1.3.2
, <b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources		1	1	
	against amounts due or received from them.)		1		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		12a	15 4 12 5	1
b		2b	- 100 AST	17	30 B
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	No Marie	1, 40.0
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule C		Mo.S.	- Fre	Take Sala
la.	Enter the amount of reserves the organization is required to maintain by the states in which	·   .			
b		Bb			120 h 12 m
С		BC	- 100 C		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	177	V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sc.	hedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rel				
	excess parachute payment(s) during the year?		15	L	~
	If "Yes," see instructions and file Form 4720, Schedule N.		<b>***</b>	1 3 E	11.14.4
- 16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	nent income?	16	ļ	1
	If "Yes," complete Form 4720, Schedule O.		響流		5

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ır	struc	tions.				
Secti	on 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 13							
	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 committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 13							
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?		~					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?	4		~				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~				
6	Did the organization have members or stockholders?	6		~				
7a	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?							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	~					
b	Each committee with authority to act on behalf of the governing body?	8b	~					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	V					
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>						
40-	Dilling and the state of the st		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, 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		<u>/</u>				
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~				
b		12b						
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	<b>V</b>					
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		~				
þ	Other officers or key employees of the organization	15b						
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						
b	If "Yos," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take steps to safeguard the		1 mm 1	transmu.				
	organization's exempt status with respect to such arrangements?	16b						
	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 (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 on Schedule O)	·		, ,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		·	olicy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and restaurt J Moss 1414 N Airline Highway, Gonzales, LA 70737 (225) 621-2695	cords	<b>&gt;</b>					

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

#### 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	•		anız	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> )  Reportable  compensation  from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Marc A Pater	0									
President		~		~				0	0	0
(2) John Cormier Vice President	0	,		,				o	0	0
(3) Cecilia Santangelo	0									
Trustee		~						o	o	0
(4) Sue Braud	0									
Trustee	***************************************	~						0	o	0
(5) Melanie Coleman	0									
Trustee		~						0	0	0
(6) Shirley Crowley	0									
Trustee		~						0	0	0
(7) Caren Babineaux	0									
Trustee		~						0	0	0
(8) Renella Cormier	0							}		
Trustee		1			<u> </u>			0	0	0
(9) Rita Daigle	0									
Trustee		~			L		L.	0	0	0
(10) Michael LaCroix	0	}								
Trustee		~						0	0	0
(11) Richard Achord	0							_		
Trustee		~						0	0	0
(12) Allen Cope	0									
Trustee		~					$oxed{oxed}$	0	0	0
(13) Charlene Ourso	0									
Trustee	ļ <u> </u>	1		L	<u> </u>		<u> </u>	0	0	0
(14) Stuart Moss	5									
Treasurer				~		<u> </u>		2738	0	0

Part	VII Section A. Officers, Directors,	rustees,	istees, Key Employees, and Highest Compensated Employees (contin							nued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individual	unles er and	Pos neck ss pe	rson Irect	than sor/trus Highest compensate	an	( <b>D</b> )  Reportable compensation from the organization (W-2/1099-MISC)	Repor compen from re organiz (W-2/1099	table isation lated ations	o com fr	(F) ted am f other pensation the ization organiz	on and
(15)							<u>a</u>							<del></del> .
(16)					ļ <u>.</u>									
(17)				_		-		_						
(18)														
(19)														
(20)										_		_		
(21)														
(22)											-			<del> </del>
(23)			-											
(24)											·			
(25)			_							<u> </u>				
	Subtotal	<u> </u>							2738		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•		•	<b>&gt;</b>	2738		0			
2	Total number of individuals (including but	not limited						e) W		e than \$1		of		
	reportable compensation from the organi	zation >	-						U				Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 5							mpl	oyee, or highes	t compe	ensated	3		7
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble e	com	nper	nsatio							7
5	Did any person listed on line 1a receive of for services rendered to the organization'									ion or in	dıvıdual	_		
Secti	on B. Independent Contractors	1, 100, 0		0.0	00,	,000		<u> </u>	adii pologii	· · ·				
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business add								(B) Description of serv			(C) Compens		-
						·								
			-											
2	Total number of independent contractor received more than \$100,000 of compens.	rs (includir ation from t	ng bu the or	it no gan	ot I ızatı	ımıt ıon l	ed to ►	th	ose listed abov	e) who				

Form 990 (2019)

Part VIII Statement of Revenue

4		Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
S S	1a	Federated campaigns	1a							
Contributions, Gifts, Grants and Other Similar Amounts	, <b>p</b>	Membership dues	1b	4455						
حَ وَ	C	Fundraising events	1c	,						
r F	$\mathbf{d}$	Related organizations	1d	-						
፩	, е	Government grants (contributions)	1e	•						
Sin	f	All other contributions, gifts, grants,		ta ii A						
it e	•	and similar amounts not included above	1f	25634						
ē 5	. <b>g</b>	Noncash contributions included in		'						
E E		lines 1a-1f.	1g	\$						
<u>ဂ, ဧ</u>	h	Total. Add lines 1a-1f	٠.	. <u>.</u> ▶	30089					
<u>-</u>		· · · · · · · · · · · · · · · · · · ·		Rusiness Cods						
)ic	2a	Scholarship Tournament		713991	9360	9360	;	· · · · · · · · · · · · · · · · · · ·		
e ne	b									
π /en	C		<u> </u>	. ,				1		
gram Ser Revenue	a			, , , , , , , , , , , , , , , , , , , ,	-					
Program Service Revenue	e	All other program service revenue .	<b></b>	5						
٠.	g	Total. Add lines 2a–2f			9360					
	· 3	Investment income (including divid			, , , , , , , , , , , , , , , , , , , ,	3, O fee Own made a comment	Caster day contains a manufacturer	ester, or militaring 3 beneficialism, sond		
٠.		other similar amounts)			15544	15544	, ,	٠.		
	4 Income from investment of tax-exem			nd proceeds ►				·		
	5 <sup>"</sup>	Royalties ,		. <u> </u>		,				
	•	(i) Real		(II) Personal						
• • •	6a	Gross rents 6a								
, ,	b	Less: rental expenses 6b								
	C	Rental income or (loss) 6c .		<u> -</u>		2				
٠, .	d	() 0	•	. ·	875851 -06875898	CARENSY, CONTRACTOR	NEED PROPERTY OF SERVICE			
`	′7a ¹	Gross amount from (i) Securit	ies	(II) Other						
	•	sales of assets								
	<b>L</b>	other than inventory 7a .		· · · · · · · · · · · · · · · · · · ·						
Revenue	р	Less cost or other basis and sales expenses <b>7b</b>	,		at are to					
šve	Č	Gain or (loss) 7c								
_	d	Net gain or (loss)		•	2			٠,		
Other	8a	Gross income from fundraising		, -						
ō		events (not including \$								
• •		of contributions reported on line				7.				
	, ,	1c). See Part IV, line 18	8a							
	þ	Less direct expenses	8b		# 52 98 2 368	200000000000000000000000000000000000000		***		
	С	Net income or (loss) from fundraising	g eve	nts : : ►			CARROLL STREET,			
	9a	Gross income from gaming	0-	151220						
	<b>L</b>	activities. See Part IV, line 19	9a 9b	151320 116793		Post of the				
	b	Less direct expenses			34527	16767	17760	100 0 4 6 24 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	100	Gross sales of inventory, less	LIVILIE	· · · ·	the design and the Langue of the	acroup of proposition are a second	man som a manage agoverna	n room o roomanii waa		
	10a	returns and allowances	10a	,				100		
	b	Less. cost of goods sold	.10b	-						
'	c	Net income or (loss) from sales of in		ory ▶						
<u>m</u>			,	Business Codo						
e e	`11a`				· .		٠,			
scellaneo Revenue	b	· .						`		
eve	С		,	, , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	` ` ` `		
Miscellaneous Revenue	d	All other revenue		<u> </u>	٠	\$ 400 STEEL FOR SHIP STEELS AND STEELS	ANNOL SERVE SERVES	200 Sept 1 1985 BAT PLUS ARBOTT - 4		
<u>~</u>	e	Total. Add lines 11a-11d	<u> </u>		89520	41671	17760			
	12	Total revenue See instructions		■	. 89520	410/1	. 17760	1 .		

### Part IX Statement of Functional Expenses

Section	n 501(c)(3) and	501(c)(4)	organizations .	must complete all colum	ns All other o	organizations must	complete column	(A)

Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising					
8b, 9b	, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations				RESERVE AND A SERVE AND A SERVE ASSESSMENT					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	81994	81994		4.4					
3	Grants and other assistance to foreign				16 - 38 X					
•	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members				(A) 2 (A)					
5	Compensation of current officers, directors,	··		army and the state of the state	(					
•	trustees, and key employees			•						
6	Compensation not included above to disqualified									
Ū	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)		,							
7	Other salaries and wages	11138		11138						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	,								
9	Other employee benefits									
10	Payroll taxes	946		946						
11	Fees for services (nonemployees).	7.10	_	, , , ,	-					
i a	Management									
b	Legal									
Č	Accounting	3033		533	2500					
d	Lobbying									
-	Professional fundraising services. See Part IV, line 17	2			<u></u>					
f	Investment management fees	,	Entry and analytical process, and we	200800703. 15 A 3 1/4 20 20 11 1						
g g	Other. (If line 11g amount exceeds 10% of line 25, column				•					
9	(A) amount, list line 11g expenses on Schedule O.) .									
12 ·	Advertising and promotion	355		355						
13	Office expenses	1373		1373						
14	Information technology				•··					
15	Royalties	<u>`</u>	· ·							
16	Occupancy									
17	Travel	126		126						
18	Payments of travel or entertainment expenses									
-	for any federal, state, or local public officials				•					
19	Conferences, conventions, and meetings	595		595						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .			ì						
23	Insurance									
24	Other expenses. Itemize expenses not covered	STATE OF THE STATE	器公务量类公司	<b>源</b> 域(1) 数据的位	19 探波 网络蒙					
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)	n, a south of the first of duming and notice of the	Magania and Salaria Salaria and Calif	company of mark the company	- industrial and the second					
а	Scholarship Tournament	10909	10909							
b	Scholarship Donations	4000	4000		_					
С	990-T Tax Liability	3520		3520						
d	-									
e ´	All other expenses				•					
25	Total functional expenses. Add lines 1 through 24e	117989	96903	18586	2500					
26	Joint costs. Complete this line only if the				Š					
	organization reported in column (B) joint costs		ι		۲					
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				٠					
	following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Pa	rt X <u></u> .		<i>.</i>
			(A) Beginning of year		<b>(B)</b> End of year
$\neg \top$	1	Cash—non-interest-bearing	35790	1	21373
	2	Savings and temporary cash investments	624342	2	604887
	3	Pledges and grants receivable, net		3	
	. 4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	projection of the state of the	navana	in the following the
		trustee, key employee, creator or founder, substantial contributor, or 35%		**	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
4	9	Prepaid expenses and deferred charges	WWW	9_	. 38.2. (45.5 ° 1 W. 3.1.6 ° 9834), 1 52.4 1
	10a	Land, buildings, and equipment cost or other		在 在	
	_	basis. Complete Part VI of Schedule D 10a		10-	
	b	Less accumulated depreciation 10b		10c	
ı	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	660132	16	626260
$\dashv$	17	Accounts payable and accrued expenses	0	17	0
	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 any current or former officer, director,	The shape of the state of the s		and the transfer of the
itie	-	trustee, key employee, creator or founder, substantial contributor, or 35%	ar a section manager of the following	wawya	The state of the s
Liabilities		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2423		-2980
	26	Total liabilities. Add lines 17 through 25	2423	26	-2980
es		Organizations that follow FASB ASC 958, check here ▶ □			
aŭ	07	and complete lines 27, 28, 32, and 33.		27	
Bal	27	Net assets without donor restrictions	· · · · · · · · · · · · · · · · · · ·	28	
ᅙ	28	Organizations that do not follow FASB ASC 958, check here ▶ ☑		300	46. 200 M. VE
2		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	657709	31	629240
Ť A	32	Total net assets or fund balances	657709	32	629240
ž	33	Total liabilities and net assets/fund balances	660132	33	626260

age 12
'age T

J 33	0 (2013)			<del></del>
Part				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>· ·</u>	• •	_Ц
1	Total revenue (must equal Part VIII, column (A), line 12)		_	39520
2	Total expenses (must equal Part IX, column (A), line 25)		11	7989
3	Revenue less expenses. Subtract line 2 from line 1		-2	28469
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		65	7709
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		62	29240
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1
	Schedule O.	<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.		1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			لــــ
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both		•	l
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			$oldsymbol{\bot}$
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		i
	If the organization changed either its oversight process or selection process during the tax year, explain on			ĺ
	Schedule O.	I		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		Forn	990	(2019)

#### SCHEDULE D (Form.990)

**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.

OMB No 1545-0047

Open to Public

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

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 72-1119013 Foundation of Louisiana Bowling Proprietors Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

Part			•						
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	ner recor	ds, chec	k any of the	follow	ing that make sig	gnificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	am		
b	Scholarly research		e	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizar XIII.	tion's collections a	ınd expla	iin how t	hey further t	the orga	anızatıon's exem	pt purpos	e ın Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	donation ined as p	s of art, part of the	historical tre e organizatio	easures on's col	, or other similal lection?	r ☐ Yes	□ No
Part	IV Escrow and Custodial Arra							_	_
	Complete if the organization 990, Part X, line 21.	···							orm
1a	is the organization an agent, trustee included on Form 990, Part $X^{\circ}$								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able		Δn	nount	
	<b>5</b>					4.0	All	IOUITE	
C	Beginning balance					1c 1d			
d	Additions during the year								
e	Distributions during the year					1e			
f	Ending balance						aggregat leghtlete	. □ <b>V</b> oo	□ No
2a	If "Yes," explain the arrangement in P	nt on Form 990, Pa	art A, line	∠I, i0r e volanatio	n has been i	orovide	d on Part XIII		
Par		art Ain. Check here	3 II II II E E	pianatio	ii iias beeii j	provide	d diri are Ain .	<u> </u>	<del></del>
r ai	Complete if the organization	answered "Ves"	on For	m 990 F	Part IV line	10.			
	Complete it the organization	(a) Current year	(b) Pric		(c) Two years		(d) Three years back	(e) Four ye	ars back
10	Beginning of year balance	(a) Current year	(6)111	- year	(c) Two years	Buok	(a) Three years back	(0), 00. )	
1a b	Contributions				-			1	
								İ	
С.	Net investment earnings, gains, and losses								
d	Grants or scholarships					+			-
е	Other expenditures for facilities and programs								
f	Administrative expenses							<u> </u>	
g	End of year balance				L			<u> </u>	
2	Provide the estimated percentage of t			e (line 1g	յ, column (a)	) held a	ıs:		
а	Board designated or quasi-endowme	nt ▶	_ %						
b	Permanent endowment >	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	•							
3a	Are there endowment funds not in the	e possession of th	ie organi	zation the	at are held a	and adr	ministered for the		
	organization by								es No
	(i) Unrelated organizations							3a(i)	
_								3a(ii)	$\rightarrow$
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		on's enac	wment t	unas.		<del></del>		
Part			" an Far	000 i	Dort IV line	110	Soo Form 000	Dort V lin	0.10
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated preciation	(d) Book	/aiue
	Land								
b	Buildings	•							
c	Leasehold improvements								
d	Equipment								
е	Other								
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part )	K, columi	n (B), line 10	c.) .	. ▶		

Part VII	Investments - Other Securities.		<del>-</del> ·	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				<u> </u>
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments—Program Related.	<del>L</del> .	<u> </u>	
	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	of valuation
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13) .	<u></u>		
Part IX	Other Assets.	000 Bart IV II-	- 11d Caa Farm 00	O David V Bana 45
	Complete if the organization answered "Yes" on For	m 990, Part IV, IIn	e 11a. See Form 99	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)		<del></del>		
(5)				<del></del>
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15).  Other Liabilities.		•	
	Complete if the organization answered "Yes" on For line 25.	rm 990, Part IV, lin	e 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			-2980
_(2)				
(3)				
(4)				
(5)				
(6)		<del></del>		<del>-</del>
(7)		<del> </del>		
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			-2980
	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	o's financial statements	
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of the	footnote has been prov	ided in Part XIII .

	Reconciliation of Revenue per Audited Financial Statement	•	notarn.	
	Complete if the organization answered "Yes" on Form 990, F		<del>. ,</del>	
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	1 - 1		
а	Net unrealized gains (losses) on investments	2a	<b>⊣</b> ′ l	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)		<del> </del>	
е	Add lines 2a through 2d		2e	<u> </u>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		<del> </del>	
- с - 5	Add lines <b>4a</b> and <b>4b</b>		4c   5	
Part				
rait	Complete if the organization answered "Yes" on Form 990, I		or notalli.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses		7	
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		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		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	
	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	1.4 Part IV lines 1h and 2	h Dort V line 4: Dort	
		14, Fartiv, lines it and 2	D, Fart V, line 4, Fart	K, line
2, Parl	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Parl	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	K, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.	, line

Schedule D (Fo	orm 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Name	of the organization					Employer identifi	cation number
Found	dation of Louisiana Bowling Proprie	etors Association	1			72	-1119013
Par	Form 990-EZ filers are r	Complete if the not required to	ne organiza complete	ation ansv this part.	vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. Ch	neck all that apply.	
a	☐ Mail solicitations		e [	Solicitati	ion of non-governr	nent grants	
b	Internet and email solicitation	ns	f [	] Solicitati	on of government	grants	
С	☐ Phone solicitations		g 🗆	] Special 1	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreeme	ents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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 	<u> </u>						
2							
3							
4			1				
5				_			
6							
7							
8							
9						····	
10							
		<u> </u>					
Total 3	List all states in which the orga	nızatıon is regis	stered or lic	ensed to s	olicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.						
	*						
<b></b>							
		· · · · · · · · · · · · · · · · · · ·				,,	••••••
			••••••				
							***************************************
	**						

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
]			(event type)	(event type)	(total number)	(add col (a) through col (c))
e l				, , , ,	,	
Revenue	1	Gross receipts				1
_	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
		<del></del>				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
İ	9	Other direct expenses .				
	10	Direct expense summary. Ad				
ļ		Net income cummany Subtra	act line 10 from line 2 o	aluma (d)	<b>.</b> .	
Pa	11	Net income summary. Subtra Gaming. Complete if th			▶   90. Part IV, line 19. (	or reported more than
Pa		Net income summary. Subtra <b>Gaming.</b> Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than
	11	Gaming. Complete if th	e organization answe			or reported more than  (d) Total gaming (add col (a) through col. (c))
	11	Gaming. Complete if th \$15,000 on Form 990-Ez	e organization answe Z, line 6a.	ered "Yes" on Form 9	90, Part IV, line 19,	(d) Total gaming (add
	11	Gaming. Complete if th	e organization answe Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))
Revenue	11	Gaming. Complete if th \$15,000 on Form 990-Ez	e organization answe Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))
Expenses Revenue	1	Gaming. Complete if th \$15,000 on Form 990-Ez	e organization answe 7, line 6a. (a) <sup>Bingo</sup> 51026	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))
Revenue	1 2	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue	e organization answe 7, line 6a. (a) <sup>Bingo</sup> 51026	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))
Expenses Revenue	1 2	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes	e organization answe Z, line 6a. (a) Bingo 51026 50454 2610	(b) Pull tabs/instant bingo/progressive bingo  100294  45350	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))  151320
Expenses Revenue	1 2 3 4	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	e organization answe Z, line 6a. (a) Bingo 51026 50454	(b) Pull tabs/instant bingo/progressive bingo  100294  45350	90, Part IV, line 19,	(d) Total gaming (add col (a) through col. (c))  151320  50454
Expenses Revenue	1 2 3 4 5	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	e organization answerz, line 6a.  (a) Bingo  51026  50454  2610  2659  Yes 20 %  No	(b) Pull tabs/instant bingo/progressive bingo  100294  45350  15720  Yes 20 %  No	90, Part IV, line 19, (c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col. (c))  151320  50454  47960
Expenses Revenue	1 1 2 3 4 5	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	e organization answerz, line 6a.  (a) Bingo  51026  50454  2610  2659  Yes 20 %  No  Id lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo  100294  0  45350  15720  Yes 20 %  No  olumn (d)	90, Part IV, line 19, (c) Other gaming    Yes	(d) Total gaming (add col (a) through col. (c))  151320  50454  47960  18379
Direct Expenses Revenue	1 1 2 3 4 5 6 7 8	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary	e organization answer, line 6a.  (a) Bingo  51026  50454  2610  2659  Yes 20 %  No  Id lines 2 through 5 in construction 7 from lines 2.	(b) Pull tabs/instant bingo/progressive bingo  100294  0  45350  15720  Yes 20 %  No  olumn (d)	90, Part IV, line 19, (c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col. (c))  151320  50454  47960  18379  116793
<b>b</b> Direct Expenses Revenue	1 1 2 3 4 5 6 7 8	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary.	e organization answer, line 6a.  (a) Bingo  51026  50454  2610  2659  Yes 20 %  No  d lines 2 through 5 in conducts ganization conducts ganiz	(b) Pull tabs/instant bingo/progressive bingo  100294  0  45350  15720  Yes 20 %  No  olumn (d)	90, Part IV, line 19, (c) Other gaming    Yes	(d) Total gaming (add col (a) through col. (c))  151320  50454  47960  18379  116793
Direct Expenses Revenue	1 2 3 4 5 6 7 8 En	Gaming. Complete if th \$15,000 on Form 990-Ez  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary	e organization answer, line 6a.  (a) Bingo  51026  50454  2610  2659  Yes 20 %  No  Id lines 2 through 5 in conducts gain activities and activities and activities and activities.	(b) Pull tabs/instant bingo/progressive bingo  100294  0  45350  15720  Yes 20 %  No  olumn (d)	90, Part IV, line 19, (c) Other gaming    Yes	(d) Total gaming (add col (a) through col. (c))  151320  50454  47960  18379  116793  34527

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	nie @ (Form aan or aan-55) 501a		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		0 %
b	An outside facility		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
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ► Stuart J Moss	•••••	
	Gaming manager compensation ► \$ 2500		
	Description of services provided ► Accounting, Tax and Computer Services		
	☑ 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 (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		
		<b></b>	
		<del></del>	
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	······································		
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# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, 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.

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

OMB No 1545-0047

Employer identification number

ation	rietors Associatio	_					72-1119013	
Part General Information on Grants and Assistance	on Grants and	Assistance						
1 Does the organization maintain records to substantiate the arther selection criteria used to award the grants or assistance?	n records to sub:	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility f	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and	2
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fu	nds in the United	States.		<u>}</u>	2
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	nestic Governm	ents. Complete	f the organization anspace is needed.	swered "Yes" on	Form 990
1 (a) Name and address of organization or government	( <b>b</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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	of grant ance
(1)								
(2)								
(6)								
(4)								
(2)								
(9)								
(7)							;	
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table				
Рар	ee the Instruction	s for Form 990.		. S	Cat. No 50055P		Schedule I (Form 990) (2019	rm 990) (2019
•								1.

Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019)	тт 990) (2019)					
Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space	mestic Individuals space is needed.	. Complete if the	organization answe	<b>Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	Part IV, line 22.
	(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 assistanc
1 Scholz	Scholarships Awarded (see attached)	56	81994	0		

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

graduate, the points convert into a scholarship that they may use for an accredited form of higher education. The conversion rate is one dollar per point. To use the scholarship, they 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

must enroll within 18 months of scheduled high school graduation date or apply-for an extension. Any unused scholarship dollars are returned to the state scholarship fund to award to future participants

Schedule I (Form 990) (2019)

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Foundation of Louisiana Bowling Proprietors Association	72-1119013	
Part VI, 2 - Two members of the voluntary Board of Trustees are married		
Part VI, 9 - Listing of addresses for trustees is attached		
Part VI, 11b - At the annual Board of Trustees meeting, the members are presented with a copy of the annual financial statement. The 990		
is made available to review at that time or anytime upon request.		
Part VI, 19 - The governing documents, conflict of interest policy and financial statements are made available to the public upon request		
·		