# Form **990**

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2006 calenda	ar year, o	r tax year beginning		, and	ending			
В	Check if	applicable:	Please	C Name of organization				D	Employer	identification number
	Address	change	use IRS	Alabama USBC Association,	Inc			03-	-1694348	3
	Name ch	nange	label or print or	Number and street (or P.O. box if n	nail is not delivered to str	eet address)	Room/su	uite <b>E</b>	Telephone	number
Χ	Initial ret	turn	type.	105 A Loquet St				25	6-547-04	33
			See Specific	105A Locust St	04-4		7ID : 4			
_	Final retu	urn	Instruc-	City or town	State or cou	intry 2	IP + 4	F		g method: X Cash Accrual
	Amende	d return	tions.	Gadsden	AL	3	35901-37	5	Other (	(specify) ►
	Applicati	ion pending	Section	on 501(c)(3) organizations and 4947(	a)(1) nonexempt charita	able	H and I a	re not ap	oplicable to s	section 527 organ <u>izati</u> ons.
				must attach a completed Schedule	A (Form 990 or 990-EZ)		H(a)	s this a g	group return	for affiliates? Yes X No
G '	Website:	: www.	<u>alabama</u>	bowling.com			H(b)	f "Yes," e	enter numbe	er of affiliates  •
							H(c) A	Are all af	filiates inclu	ded? Yes No
J	Organiza	ation type (chec	k only one)	► X 501(c) ( 3 ) <b>(</b> (ins	ert no.) 4947(a)(1)	or527	(	(If "No," a	attach a list.	See instructions.)
K	Check he	ere 🕨	if the ora	anization is not a 509(a)(3) supporting	organization <b>and</b> its gros	s	H(d)	s this a s	separate retu	urn filed by an organization
				\$25,000. A return is not required, but it					by a group r	· — —
1	o file a re	eturn, be sure to	file a comp	olete return.					cemption Nu	
							+	Check		the organization is <b>not</b> required
	Gross re	eceints: Add li	nes 6h 8	b, 9b, and 10b to line 12		272 044				m 990, 990-EZ, or 990-PF).
					Noosto or Fund F	273,843	<u> </u>			
Pa	rt i			ses, and Changes in Net A		salances	(See the	e insti	ructions.	.)
	1			grants, and similar amounts re						
						1a			0	
		•		t (not included on line 1a)		1b		270,2	205	
	_	•		ort (not included on line 1a).		1c			0	
	d	d Government contributions (grants) (not included on line 1a)   1d     C   C   C   C   C   C   C   C   C						0	270 205	
				rnrough 1a) (cash \$ renue including government fe			/IL line Of		1e 2	270,205
	3			nd assessments						0
	4			and temporary cash investmer					4	3,638
	5		-	est from securities					5	0
	_					6a				
				es		6b				
			-	r (loss). Subtract line 6b from I					6с	0
a	7			come (describe					) 7	0
Revenue	8 a	Gross amou	unt from	sales of assets other	(A) Securities		<b>(B)</b> Oth	ner		
Ž			-						0	
-	b			pasis and sales expenses	0	0.0			0	
				h schedule)					0	•
	_	•	. ,	combine line 8c, columns (A) a	· ·			: <u></u>	8d	0
	9			tivities (attach schedule). If any ar		, check he	re i	▶		
	a	contribution	s report	including \$ ed on line 1b)	<u>U</u> UI	9a			0	
	h			es other than fundraising expe		9b			0	
			•	from special events. Subtract					. 9c	0
				ntory, less returns and allowan		10a			0	
				sold		10b			0	
				rom sales of inventory (attach sch		0b from lin	e 10a		10c	0
	11	Other rever	ue (from	Part VII, line 103)					11	0
	12			lines 1e, 2, 3, 4, 5, 6c, 7, 8d,					12	273,843
	13	Program se	rvices (f	rom line 44, column (B))					13	191,493
Expenses	14	Manageme	nt and ge	eneral (from line 44, column (C	C))				14	42,601
pen	15	Fundraising (from line 44, column (D))					15	0		
Ä				es (attach schedule)					16	0
	17			dd lines 16 and 44, column (A)					17	234,094
ets	18	Excess or (	deficit) fo	or the year. Subtract line 17 fro	om line 12					39,749
Ass(	19			palances at beginning of year (					19	13,391
Net Assets	20			et assets or fund balances (atta						0
2	21	Net assets	or fund b	palances at end of year. Comb	ine lines 18, 19, an	d 20			21	53,140

Page 2

Part II All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22 a Grants paid from donor advised funds (attach schedule) \$ 0 noncash \$ (cash 0) If this amount includes foreign grants, check here 22a 0 22 b Other grants and allocations (attach schedule) \$ 0 noncash \$ If this amount includes foreign grants, check here 22b 0 23 Specific assistance to individuals (attach 0 23 24 Benefits paid to or for members (attach 24 0 **25 a** Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) . . . . . . . . . . . . . . . 25a 0 **b** Compensation of former officers, directors. key employees, etc. listed in Part V-B (attach 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . 25c 26 Salaries and wages of employees not included 26 12,000 12,000 on lines 25a, b, and c . . . . . . . . . . . . . . 27 Pension plan contributions not included on lines 25a, b, and c . . . . . . . . . . . . . 27 Employee benefits not included on lines 28 28 25a – 27 . . . . . . . . . . . . . . . 29 29 0 0 30 30 Professional fundraising fees . . . . . . . . . . 31 31 0 Accounting fees . . . . . . . . . . . . . . . . 32 32 110 110 3,230 3,230 33 33 34 34 0 35 Postage and shipping . . . . . . . . . . . . . . 35 1,467 1,467 36 36 0 37 37 655 Equipment rental and maintenance . . . . . . . 38 38 0 39 39 0 40 2.049 2.049 Conferences, conventions, and meetings . . . . . . 40 41 41 0 42 Depreciation, depletion, etc. (attach schedule) 42 0 43 Other expenses not covered above (itemize): a See attached statement 43a 214,583 191,493 0 23,090 43b 0 0 0 0 43c 0 0 0 0 0 0 43d 0 0 0 43e 0 0 0 0 0 43f 0 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13–15) . . . . . 44 234.094 191.493 42.601 Joint Costs. Check if you are following SOP 98-2. ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . 0; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs (iii) the amount allocated to Management and general ; and (iv) the amount allocated to Fundraising \$

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?	➤ Promote and support the sport of bowling		Program Service Expenses
All organizations must describe their exempt purpose achieve of clients served, publications issued, etc. Discuss achievement organizations and 4947(a)(1) nonexempt charitable trusts mu	ents that are not measurable. (Section 501(c)(3) and (4)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a State bowling championships		_	
		-	
		-	
		-	
		- 	
	) If this amount includes foreign grants, check here		187,493
<b>b</b> Education Schoarships		-	
		-	
		=	
		_	
(Grants and allocations \$	) If this amount includes foreign grants, check here		4,000
c		_	
		-	
		-	
		-	
		-	
(Grants and allocations \$	) If this amount includes foreign grants, check here		
_1		_	
		-	
		-	
		_	
(Grants and allocations \$	) If this amount includes foreign grants, check here		
e Other program services (attach schedule)			
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here		0
f Total of Program Service Expenses (should equa	al line 44, column (B), Program services)	<b>•</b>	191,493

Form **990** (2006)

Par	t IV	Balance Sheets (See the Instructions.)						
	Note:	Where required, attached schedules and amounts with		scription		(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing				13,391	45	53,140
	46	Savings and temporary cash investments				10,001	46	00,110
	47 a	Accounts receivable	47a		0			
		Less: allowance for doubtful accounts	47b		0	0	47c	(
	D	Less. allowaries for adaptial accounts	77.0				470	
	48 a	Pledges receivable	48a		0			
		Less: allowance for doubtful accounts	0	48c	(			
	49	Grants receivable			49			
	50 a	Receivables from current and former officers, dire						
		key employees (attach schedule)		•		0	50a	(
	b	Receivables from other disqualified persons (as defined						
S		4958(f)(1)) and persons described in section 4958(c)(3)					50b	
Assets	51 a	Other notes and loans receivable (attach		,				
As		•	51a		0			
	b	Less: allowance for doubtful accounts	51b		0	0	51c	(
	52	Inventories for sale or use					52	
	53	Prepaid expenses and deferred charges		<u>.</u> <u>.</u> .			53	
	54 a	Investments—publicly-traded securities	▶	Cost FI	MV	0	54a	(
	b	Investments—other securities (attach schedule).	. ▶	Cost Fi	MV	0	54b	(
		Investments—land, buildings, and			_		<b>U</b> 10	
		equipment: basis	55a		0			
	b	Less: accumulated depreciation (attach						
		schedule)	55b		0	0	55c	(
	56	Investments—other (attach schedule)				0		(
	57 a	Land, buildings, and equipment: basis	57a		0			
	b	Less: accumulated depreciation (attach						
		schedule)	57b		0	0	57c	(
	58	Other assets, including program-related investme	nts			0	58	(
		(describe >	)					
	59	Total assets (must equal line 74). Add lines 45 th		13,391	59	53,140		
	60	Accounts payable and accrued expenses					60	
	61	Grants payable					61	
	62	Deferred revenue					62	
ities	63	Loans from officers, directors, trustees, and key e	employe	es (attach				
≝		schedule)			.	0		(
Liabil		Tax-exempt bond liabilities (attach schedule) .			_	0	<b>.</b>	(
_	_	Mortgages and other notes payable (attach sched	•			0		(
	65	Other liabilities (describe			)	0	65	(
	66	Total liabilities. Add lines 60 through 65				0	66	(
	Orga	nizations that follow SFAS 117, check here ▶						
40	0.95	67 through 69 and lines 73 and 74.		a cop.o.ccc				
ĕ	67	Unrestricted					67	
an	68	Temporarily restricted					68	
Bal	69	Permanently restricted					69	
þ	Orga	nizations that do not follow SFAS 117, check h						
Net Assets or Fund Balances	_	complete lines 70 through 74.		<del></del>				
ō	70	Capital stock, trust principal, or current funds .			. L		70	
its	71	Paid-in or capital surplus, or land, building, and equipment fund					71	
SSE	72	Retained earnings, endowment, accumulated inc				13,391	72	53,140
ţ	73	Total net assets or fund balances. Add lines 67						
Š		70 through 72. (Column (A) must equal line 19 a						
		equal line 21)				13,391	73	53,140
	74	Total liabilities and net assets/fund balances.	Add line	es 66 and 73		13,391	74	53,140

City Birmingham ST AL ZIP 35215

Name Larry Kelly Str 415 Douglas Brown

ST AL

ZIP **35215** 

City Enterprise

Form 990 (200	6)	Alabama USBC As	sociation, Inc		03-16	94348	Page
Part IV-A	Reconciliation of Revenue per instructions.)					<u> </u>	See the
<b>b</b> Amo	al revenue, gains, and other support per bunts included on line <b>a</b> but not on Part unrealized gains on investments	I, line 12:	•	 b1	ī	. <u>a</u>	273,84
	ated services and use of facilities			b2			
	overies of prior year grants			b3			
<b>4</b> Othe	er (specify):			<b>b</b> 4		0	
Δdd	lines <b>b1</b> through <b>b4</b>					. <b>b</b>	
	tract line <b>b</b> from line <b>a</b>						273,84
	ounts included on Part I, line 12, but no	t on line a:					-,-
1 Inve	stment expenses not included on Part	I, line 6b		d1			
<b>2</b> Othe	er (specify):						
	-,			d2		0	
	lines d1 and d2						272.04
e Tota	al revenue (Part I, line 12). Add lines c Reconciliation of Expenses per						273,843
	al expenses and losses per audited fina						233,04
	ounts included on line <b>a</b> but not on Part						200,010
	ated services and use of facilities	•		b1			
2 Prio	r year adjustments reported on Part I, li	ine 20		b2			
	ses reported on Part I, line 20			b3			
4 Othe	er (specify):						
	lines <b>b1</b> through <b>b4</b>			b4		0	
	tract line <b>b</b> from line <b>a</b>					. <u>b</u>	233,048
	punts included on Part I, line 17, but no			•			200,040
	stment expenses not included on Part			d1			
<b>2</b> Othe	er (specify):						
				d2		0	
	al expenses (Part I, line 17). Add lines						233,04
Part V-A	Current Officers, Directors, Tru trustee, or key employee at any time				-		
	trustee, or key employee at any time	(B)	(C) Compensation		(D) Contributions to		
	(A) Name and address	Title and average hours per	(If not paid,		benefit plans & de	ferred	(E) Expense account and other allowances
Ch.a	ulas Fastamuses a 2074 Conditio Lang	week devoted to position	enter -0)		compensation p	lans	
Name Cha City Hok	rles Easterwoc str 2671 Sandlin Lane es Bluff ST AL ZIP 35903	Title President Hr/WK 10		0		0	
	cy Cleckler Str 14121 Hwy 43	Hr/WK 10	) 	0			,
City Van		Hr/WK 2	2	0		0	
Name Tom		Title 2nd VP					
City Jack		Hr/WK	1	0		0	
Name Rob	in Green str 2404 Old Larkinsville	Title 3rd VP					
City Scot		Hr/WK	1	0		0	(
Name Kath		Title Sgt At Arms					
City Tuso		Hr/WK	1	0		0	(
	para Dozier str 15197 Marina Dr	Title Director					
City Nort		Hr/WK 7	11	0		0	1
Name Phyl City Wea		Hr/WK		0		0	
	y Beavers Str 7471 Co Rd 71	Title Director	1			0	,
City Lexi		Hr/WK	1	0		0	
	olyn Garner str 268 13th Avenue N.	Title Director				<u>-</u>	

Hr/WK

Hr/WK

Title Director

0

0

0

0

0

Form 9	90 (2006) Alabama USBC Association, Inc			03-1694348			Page <b>0</b>
<b>Part</b>	V-A Current Officers, Directors, Tru	stees, and Key Emp	oloyees (continu	ed)		Yes	No
75 a	Enter the total number of officers, directors, an	d trustees permitted to	vote on organization	on business at board			
	meetings			20			
b	Are any officers, directors, trustees, or key employed	ployees listed in Form 9	990, Part V-A, or hi	ighest compensated			
	employees listed in Schedule A, Part I, or high						
	contractors listed in Schedule A, Part II-A or II-						
	relationships? If "Yes," attach a statement that	identifies the individua	ls and explains the	relationship(s)	75b		Х
С	Do any officers, directors, trustees, or key emp	lovees listed in Form 9	90 Part V-A or hid	nhest			
•	compensated employees listed in Schedule A,	-					
	independent contractors listed in Schedule A, I		•				
	organizations, whether tax exempt or taxable,						
	the definition of "related organization."				75c		Х
	If "Yes," attach a statement that includes the in	formation described in	the instructions.				
d	Does the organization have a written conflict o	f interest policy?			75d	Χ	
	V-B Former Officers, Directors, Trustees,				fits (If	any for	mer
	officer, director, trustee, or key employee	e received compensation	on or other benefits	(described below) during th	e year,	list the	at
	person below and enter the amount of c	ompensation or other b	enefits in the appro	opriate column. See the instr	ructions	3.)	
	·	·	(C) Compensation	(D) Contributions to employee		Expens	se .
	(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	٠,	int and o	
			enter -0-)	compensation plans	all	owances	3
	N/A Str	_					
City							
	N/A Str	-					
City							
	N/A <u>Str</u> ST ZIP	_					
City							
City							
	N/A Str						
City		-					
	N/A Str						
City							
Name	N/A Str						
City	ST ZIP						
Name	N/A Str						
City							
Name	N/A Str						
City							
	N/A Str	-					
City		tions \				Voc	No
Part 76	Other Information (See the instruction of the organization make a change in its activities).		ducting activities?	If "Voc " attach a		Yes	No
70					76		
77	detailed statement of each change Were any changes made in the organizing or o				76 77		X
′′	If "Yes," attach a conformed copy of the change	•	at not reported to t				^
72 s	Did the organization have unrelated business of		or more during the	a vear covered by			
10 a	this return?		-	-	78a		Х
h	If "Yes," has it filed a tax return on <b>Form 990-1</b>				78b	N/A	
79	Was there a liquidation, dissolution, termination	•			700	IN/A	
13					79		Х
۵0 م	a statement				13		
ou a	common membership, governing bodies, truste		_	· -			
			-	•	900		Х
h	organization?				80a		
D	If "Yes," enter the name of the organization						
	Enter direct and indirect political expenditures.		•	<b>81a</b> 0	_		
b	Did the organization file Form 1120-POL for the	nis year?	<u> </u>	<u> </u>	81b		Х

Alabama USBC Association, Inc

Part \	Other Information (continued)	ı	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		Χ
b	If "Yes," you may indicate the value of these items here. Do not include this amount	<u> </u>		
	as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .	83a		Х
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		X
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions	<u> </u>		
_	or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	. ,,,	Х
_	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the			
	organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to			
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them.)			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		Χ
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		Χ
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		Χ
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ n/a			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	89e		Χ
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Χ
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g		
	List the states with which a copy of this return is filed ► AL			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			•
04	instructions.)	7.0400		0
yı a	The books are in care of Name Charles Easterwood Telephone no. ► (256) 54	<i>ı</i> -0432 :		
L	Located at  105A Locust St  City Gadsden  ST AL  ZIP + 4  35901-3755			. <b></b> .
D	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		Yes	No
	account)?	91b		X
	If "Yes," enter the name of the foreign country	310		^
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank			
	and Financial Accounts.			
	and i mandal / toodino			

Part '	Other Information (continued)						Yes	No
С	At any time during the calendar year, did the or		in an office out	side of the United	States?	91c		Χ
	If "Yes," enter the name of the foreign country							
92	Section 4947(a)(1) nonexempt charitable trusts	•						▶
	and enter the amount of tax-exempt interest re			year	▶ 92 N/	<u> </u>		
Part '	Analysis of Income-Producing Act	,	,	1			<b>(E)</b>	
	Enter gross amounts unless otherwise	Unrelated busin	ness income	Excluded by section	on 512, 513, or 514	4	( <b>E</b> ) Relate	
indica	ted.	(A)	(B)	(C)	(D)	ex	xempt fu	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		incor	ne
а								
b								
C								
d								
e	- MA P 1					_		
Ī	Medicare/Medicaid payments					-+		
94	Fees and contracts from government agencies .  Membership dues and assessments					_		
94 95	Interest on savings and temporary cash investments					_		3,638
96	Dividends and interest from securities					_		3,030
97	Net rental income or (loss) from real estate:							
-	debt-financed property							
	not debt-financed property							
98	Net rental income or (loss) from personal property							
99	Other investment income							
100	Gain or (loss) from sales of assets other than inventory							
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory							
103	Other revenue: a			0		0		0
b				0		0		0
C	-			0		0		0
d				0		0		0
e				0		0		0
104	Subtotal (add columns (B), (D), and (E))			0		0		3,638
105 Note:	<b>Total</b> (add line 104, columns (B), (D), and (E)) Line 105 plus line 1e, Part I, should equal the air				· · · <b>&gt;</b>			3,638
Part	•			Durnosos (Soo t	ho instructio	nc l		
	•							
Line ▼	of the organization's exempt purposes (other				to the accomp	JIISHIHE	anı	
*	ar and angument and appropriate (canal							
Part	X Information Regarding Taxable Su	ubsidiaries and	Disregarded	Entities (See th	ne instruction	าร.)		
	(A)	(B)		(C)	<b>(D)</b>		(E)	)
	Name, address, and EIN of corporation,	Percentage	of Nati	(C) ure of activities	( <b>D)</b> Total income	۹ .	End-of-	-year
	partnership, or disregarded entity	ownership inte	erest				asse	ets
N/A			%			0		0
			%			0		0
			%			0		0
Devil	V Information Describes Tree (		% Darsonal Da	om ofit Courters of	/Can 11 1-	0	4: 1	0
Part 2					•	STruc		
(a) D	id the organization, during the year, receive any funds, dire	ectly or indirectly, to pa	y premiums on a <sub>l</sub>	personal benefit contra	act?	L	_Yes	X No
	oid the organization, during the year, pay premiul If "Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form 4720		ectly, on a per	sonal benefit cont	ract?		Yes	X No
	1 //	,						

Use Only

if self-employed), address, and ZIP + 4

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). Yes No 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Χ (B) (C) (D) Name, address, of each **Employer Identification** Description of Amount of transfer controlled entity Number transfer а b С **Totals** 0 Yes No 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) (C) (D) Name, address, of each **Employer Identification Description of** Amount of transfer controlled entity Number transfer а b C **Totals** 0 Yes No 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **Please** Sign December 1, 2007 Signature of officer Date Here Charles D Easterwood President Type or print name and title Check if Date Preparer's SSN or PTIN (See Gen. Inst. X) Preparer's Paid signature employed Preparer's Firm's name (or yours

•

EIN

Phone no

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)** 

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

**Employer identification number** Name of the organization 03-1694348 Alabama USBC Association, Inc. Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances Loretta Stowers, 3023 Waters Ave Association Manager Gadsden, AL 35904 12,000 Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Part	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$\Bigsim \]  (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
е	Transfer of any part of its income or assets?	2e		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			1
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		53	3,140

Part IV Reason for Non-F	Private Foundation S	Status (See pages 4 th	rough 7 of the	e instructions.)					
certify that the organization is not a				ox.)					
5 A church, convention of c	hurches, or association of	churches. Section 170(b)(1)	)(A)(i).						
6 A school. Section 170(b)(	1)(A)(ii). (Also complete Pa	art V.)							
7 A hospital or a cooperative	re hospital service organiza	ation. Section 170(b)(1)(A)(ii	ii).						
8 A Federal, state, or local	government or governmen	ntal unit. Section 170(b)(1)(A	)(v).						
9 A medical research organ	nization operated in conjun	ction with a hospital. Section	n 170(b)(1)(A)(iii)	). Enter the hospi	tal's				
name, city, and state	<b>&gt;</b>	City			Country				
	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)								
	nally receives a substantial mplete the <b>Support Sche</b> o	I part of its support from a go	overnmental unit	or from the genera	al public. Section				
11 b A community trust. Section	<b>b</b> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)								
receipts from activities rel of its support from gross i	An organization that normally receives: <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)								
		lified persons (other than fount that describes the type of sup Type III-Functionally Integr	porting organiza	•	meets the				
Provide the follow	ing information about	the supported organiza	ations. (See pa	age 7 of the inst	ructions.)				
(a) Name(s) of supported organiza	(b) tion(s) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization the sup organiz governing d	on listed in porting zation's	(e) Amount of support				
			Yes	No					
Total				•					
14 An organization organize	d and operated to test for r	oublic safety. Section 509(a)	(4). (See page 7	of the instructions	s.)				

Pa	rt IV-A Support Schedule (Complete only i	f you checked a	box on line 10,	11, or 12.) <i>Use</i>	cash metho	d of accounting.
	e: You may use the worksheet in the instructions	for converting fr		o the cash meth	od of accoun	ting.
Ca	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	15,983				15,983
16	Membership fees received	638				638
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					0
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
40	by the organization after June 30, 1975					0
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
	its behalf					0
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the public without charge					0
22	Other income. Attach a schedule. Do not					
22	include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	16,621	0	0		0 16,621
24	Line 23 minus line 17	16,621	0	0		0 16,621
25	Enter 1% of line 23	166	0	0		0
26				(e), line 24	▶ 26	<b>a</b> 0
	Prepare a list for your records to show the name of an				20	a o
	governmental unit or publicly supported organization)				<u>,</u>	
	amount shown in line 26a. <b>Do not file this list with y</b>					<b>b</b> 15,983
	Total support for section 509(a)(1) test: Enter line 24,	column (e)			▶ 26	
			)			
	22	26	Sb	<u> </u>	🕨 26	<b>d</b> 0
	Public support (line 26c minus line 26d total)					<b>e</b> 0
	Public support percentage (line 26e (numerator) d	ivided by line 26	c (denominator))		🕨 26	of 0.00%
27	Organizations described on line 12: a For am prepare a list for your records to show the name of, ar					squalified person," on." <b>Do not</b>
	file this list with your return. Enter the sum of such	amounts for each	year:			
	(2005) (2004)		(2003)		(2002)	
	For any amount included in line 17 that was received					
	to show the name of, and amount received for each ye					
	\$5,000. (Include in the list organizations described in					
	After computing the difference between the amount re differences (the excess amounts) for each year:	eceived and the la	rger amount desc	ribed in <b>(1)</b> or <b>(2)</b> ,	enter the sum	of these
	(2005) 15,983 (2004)		(2003)		(2002)	
	Add: Amounts from column (e) for lines: 15	<u> 15,983</u> 1	66	<u>38</u>	Í	
	17 20 1 Add: Line 27a total and	2	1		🕨 27	
	Add: Line 27a total . and	l line 27b total	15,9	<u>83</u>	🕨 27	
	Public support (line 27c total minus line 27d total) .					<b>e</b> 638
	Total support for section 509(a)(2) test: Enter amount					
	Public support percentage (line 27e (numerator) d	-				_
	Investment income percentage (line 18, column (e					1
28	Unusual Grants: For an organization described in lin	~ 10 11 ~ 10 th			- 0000 HI	

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of

the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
31	Programs, and scholarships?	31		
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d e	Scholarships or other financial assistance?	33d 33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

<u> </u>	Alabama USBC	ASSOCIATION, IN	<u> </u>		<del>394340</del>	age •
Par	t VI-A Lobbying Expenditures by Electin	_			tructions.)	
Chec	(To be completed <b>ONLY</b> by an eligible k ▶a if the organization belongs to an affiliated ground if the organization belongs to an affiliated ground if the organization belongs to an affiliated ground in the organization and the organizat				nited control" provis	sions apply.
	Limits on Lobbying E  (The term "expenditures" means a	Expenditures	<del></del> -		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (g	rassroots lobbying	g)	36		
37	Total lobbying expenditures to influence a legislative bod	y (direct lobbying)				
38	Total lobbying expenditures (add lines 36 and 37)			38	0	C
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines 38 and 39	)		40	0	C
41	Lobbying nontaxable amount. Enter the amount from the	following table—				
	If the amount on line 40 is— The lob	bying nontaxable	e amount is—	,		
	Not over \$500,000	the amount on line	40			
	Over \$500,000 but not over \$1,000,000 \$100,00	00 plus 15% of the	excess over \$500,	000		
	Over \$1,000,000 but not over \$1,500,000 \$175,00	00 plus 10% of the	excess over \$1,00	0,000 } 41		
		00 plus 5% of the e	excess over \$1,500	,000		
	- · · · · · · · · · · · · · · · · · · ·			, ,		
42	Grassroots nontaxable amount (enter 25% of line 41) .				0	C
43	Subtract line 42 from line 36. Enter -0- if line 42 is more t				0	C
44	Subtract line 41 from line 38. Enter -0- if line 41 is more t	han line 38		44	0	C
	Caution: If there is an amount on either line 43 or line 44	4. vou must file Foi	rm 4720.			
			nder Section 5	501(b)		
	(Some organizations that made a section	• •		` '	rolumne helow	
	See the instructions for				oldifilis below.	
					oor Avereging D	orio d
			ying Expenditu	<del>-</del>	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	( <b>c</b> ) 2004	( <b>d</b> ) 2003	<b>(e)</b> Total
45	Lobbying nontaxable amount					C
46	Lobbying ceiling amount (150% of line 45(e))					C
47	Total lobbying expenditures					C
	Total lobbying experiators					
48	Grassroots nontaxable amount					C
49	Grassroots ceiling amount (150% of line 48(e))					C
<b>E</b> 0						
50 Por	Grassroots lobbying expenditures	 				
rai	(For reporting only by organizations t			) (See nage 1	3 of the inetruc	tions )
	(1 of reporting only by organizations t	inat did not cor	ilpicte i ait vi /	i) (Occ page 1	3 of the mande	10113.)
	g the year, did the organization attempt to influence nation		-	any	Yes No	Amount
attem	pt to influence public opinion on a legislative matter or refe	_				
а	Volunteers					
b	Paid staff or management (Include compensation in expe	•	• ,			
С	Media advertisements					
d	Mailings to members, legislators, or the public					
е	Publications, or published or broadcast statements					
f	Grants to other organizations for lobbying purposes					
g	Direct contact with legislators, their staffs, government of	=				
h	Rallies, demonstrations, seminars, conventions, speeche	-				-
i	Total lobbying expenditures (Add lines <b>c</b> through <b>h.</b> ) If "Yes" to any of the above, also attach a statement givin					С

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations (See page 13 of the instructions.)

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
a mandred with the reporting organization to a nondiminable exempt organization of							Yes	No
						51a(i)		
b	` '	other assets transactions:				a(ii)		
			of assets with a no	ncharitable exempt organization		b(i)		
				. •		b(ii)		
						b(iii)		
						b(iv)		
	(v)	oans or loan guarant	tees			b(v)		
	(vi)	Performance of service	ces or membership	o or fundraising solicitations .		b(vi)		
С		-	-			С		
d	of the	goods, other assets, o	or services given l	by the reporting organization. If t	column (b) should always show the fair market the organization received less than fair market e goods, other assets, or services received:			
	( <b>a)</b> e no.	<b>(b)</b> Amount involved	Name of non	(c) charitable exempt organization	(d)  Description of transfers, transactions, and sha	ring arrang	gement	s
	descril	,	of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se	re tax-exempt organizations ction 527?	Yes		No
		(a) Name of organization	า	(b) Type of organization	(c) Description of relationship			
•								
				İ	İ			

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization		Employer identification number					
Alabama USBC Association	03-1694348						
Organization type (check one):							
Filers of:	rs of: Section:						
Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c ne contributor. (Complete Parts I and II.)	r more (in money or					
Special Rules—							
under sections 509(a	3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % s ()(1)/170(b)(1)(A)(vi), and received from any one contributor, during the y 2% of the amount on line 1 of these forms. (Complete Parts I and II.)						
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)							
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the Parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)							
Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

		4	
е	I of	- 1	of Part

Name of organization **Employer identification number** Alabama USBC Association, Inc. 03-1694348 Part I Contributors (See Specific Instructions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Alabama State Bowling Association Person Χ 1 **Payroll** 2305 Laurel Lane 33,624 Noncash Hoover 35216 (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (b) (c) (d) (a) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: \_ Foreign Country: (a) (b) (c) (d) **Aggregate contributions** No. Name, address, and ZIP + 4 Type of contribution 3 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person 4 **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** 5 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) Foreign State or Province: Foreign Country: (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. 6 Person **Payroll** Noncash (Complete Part II if there is Foreign State or Province: a noncash contribution.) Foreign Country:

Name of organization

Page_	1	of	1	of Part III
-------	---	----	---	-------------

Employer identification number

	USBC Association, Inc		03-1694348				
Part III	Exclusively religious, charitable, etc., inc						
	aggregating more than \$1,000 for the year For organizations completing Part III, enter the		- · · · · · · · · · · · · · · · · · · ·				
	contributions of <b>\$1,000 or less</b> for the year						
(a) No.	(b)	(c)	(d)				
from	Purpose of gift	Use of gift	Description of how gift is held				
Part I	r dipose oi giit	Ose of gift	Description of now girt is field				
1			-				
			-				
		(e)					
		Transfer of gift					
	Transferee's name, address, and Z	IP + 4 Relation	ship of transferor to transferee				
	For. Prov. Country						
(a) No.	(b)	(c)	(d)				
from Part I	Purpose of gift	Use of gift	Description of how gift is held				
Taiti			3				
		(e)					
	Transference name address and 7	Transfer of gift	ahin of transferor to transfero				
ł	Transferee's name, address, and Z	IP + 4 Relation	ship of transferor to transferee				
	For. Prov. Country						
(a) No. from	(b)	(c)	(d)				
Part I	Purpose of gift	Use of gift	Description of how gift is held				
	·						
			-				
İ		(e)	•				
		Transfer of gift					
	Transferee's name, address, and Z	IP + 4 Relation	ship of transferor to transferee				
	For. Prov. Country						
(a) No.	(b)	(c)	(d)				
from Part I	Purpose of gift	Use of gift	Description of how gift is held				
Faili	1 a. poos e. g						
			-				
	(e)						
	Transfer of gift						
ļ	Transferee's name, address, and Z	IP + 4 Relation	ship of transferor to transferee				
	For. Prov. Country						

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	34,542	1
2 Membership dues and assessments (contributions from the public)	15,764	2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 Ways & means	4,003	5
6 Returned check fee	60	6
7 Veterans Fund Donation	13,814	7
8 Tournament fees	202,022	8
9		9
<b>10</b> Total	270,205	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)		

Line 43 (990) - Other Deductions 214,583 191,493 23,090 (C) (D)

		(A)	(B)	(C)	(D)
	Description	Total	Program services	Management and general	Fundraising
4		4 505	SELVICES		
1	Auto expense	1,585		1,585	
2	Awards	1,242		1,242	
3	Hall of Fame Expenses	231		231	
4	National delegate expense	1,381		1,381	
5	Refunds returns	417		417	
6	Scholarships	4,000			
7	Veterans fund donation	13,813		13,813	
8	Ways & means	3,175		3,175	
9	Web site	200		200	
10	Tournament expenses	187,493	187,493		
11	Equipment	1,046		1,046	
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 10c (990) - Gross Profit from Sale of Inventory 0 0 0

	Category	Gross Sales	Cost of Goods Sold	Net
1				0
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0