Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

		<u>e 2017 са</u> l	lendar year, or tax year beginning	8/1/2017	, and e	ending	7	7/31/201	8		
		applicable:		JSBC Association Inc	•				fication numbe	r	
	Address	change	Doing business as				1				
一		Ü	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		20-49058	353			
Ш	Name ch	ange	105A Locust St				E Teleph	one numb	er		
	nitial retu	urn	City or town	State	ZIP code		256 547	0422			
一.		. Hannaha ata d	Gadsden	AL	35901		256-547-	0432			
닏'	-inai returr	n/terminated	Foreign country name Fore	eign province/state/county	Foreign posta	l code					
$\bigsqcup_{i} A_{i}$	Amended	d return					G Gross	receipts \$		23	0,593
\square	Annlicatio	on pending	F Name and address of principal officer:			H(a) is t	this a group reti	ırn for subo	rdinates?	Tyes [X No
ш,	,ppiioatii	on ponumg	Charles D Easterwood 2671 Sand	llin Lane Hokes Bluff Al	35903		re all subordir		=	Yes	No
						- 1 ` ´			_	7 .es C	''''
		npt status:) ◀ (insert no.) 4947(a)(1) or 527	↓ "	"No," attach	a list. (See	instructions)		
<u>J \</u>	Vebsite	e: ► ww	w.alabamastatebowling.com			H(c) G	roup exempti	on number	► 4348		
KF	orm of o	rganization:	X Corporation Trust Ass	ociation Other ►	L Ye	ar of forn	nation: 200	₀₆ M :	State of legal do	micile:	AL
	art I		mmary		ı			,,,,			
	1		lescribe the organization's mission	or most significant activitie	e. Pro	mote ar	nd support	the sno	rt of bowling	in	
ø	'	-	e of Alabama.	or most significant activitie		iioto ai	id Support	tile spoi	it of bowling		
au		ine state	o Alabama.								
Activities & Governance											
Š	2		his box If the organization						net assets.		
S.	3		of voting members of the governir								20
S	4		of independent voting members o					4			144
¥	5		mber of individuals employed in ca		,			5			0
妄	6		mber of volunteers (estimate if ned					6			
⋖	7a		related business revenue from Par					7a			0
	b	Net unre	elated business taxable income fro	m Form 990-T, line 34				7b			0
e							Prior Year		Curre	nt Year	
	8		utions and grants (Part VIII, line 1h)					37,515			31,40 <u>6</u>
Revenue	9	9 \ \ ' 9/						203,593		199,149	
é	10			t VIII, column (A), lines 3, 4, and 7d)							38
Œ.	11										0
	12		enue—add lines 8 through 11 (must e					241,140		23	80,593
	13		and similar amounts paid (Part IX, e					0			0
	14		paid to or for members (Part I X, c					0			0
es	15	Salaries,	other compensation, employee bene	fits (Part IX, column (A), line	es 5–10) . .			0			0
) IS	16a	Professi	ional fundraising fees (Part IX, colu	ımn (A), l ine 11e)				0			0
Expenses	b	Total fur	ndraising expenses (Part IX, colum	n (D), line 25) ►	C						
Ш	17	Other ex	kpenses (Part IX, column (A), lines	11a-11d, 11f-24e)				247,441		23	35,75 <u>3</u>
	18	Total ex	penses. Add lines 13-17 (must eq	ual Part IX, column (A), lin	e 25) . . .		2	247,441		23	<u>85,753</u>
	19	Revenu	<u>e less expenses. Subtract line 18 f</u>	rom line 12				-6,301			5,160
Net Assets or Fund Balances						Begin	ning of Curr	ent Year	End o	of Year	
sset	20		sets (Part X, line 16)					36,710		3	31,550
a As	21		bilities (Part X, line 26)					0			0
<u> ~ 5</u>	22	Net asse	ets or fund balances. Subtract line	21 from line 20				36,710		3	31,550
Pa	ırt II	Sig	nature Block								
	•		y, I declare that I have examined this return, i						ge		
and	belief, it i	is true, corre	ect, and complete. Declaration of preparer (ot	her than officer) is based on all inf	ormation of whic	ch prepar	er has any kn I	owledge.			
Sig	ın								6/17/2019		
He		'	Signature of officer				Dat	е			
			Charles D Easterwood		Pres	sident					
		<u> </u>	Type or print name and title								
_		Prin	t/Type preparer's name	Preparer's signature		Da	ite	Check	I PTIN		
Pa								self-emp			
	parei								,		
Us	e Only	,	's name ►				Firm's EIN				
		Firm	l's address ▶				Phone no.				
Ma	the IE	OS discus	s this return with the preparer show	wn above? (see instruction	(c)				lylv	·	No.

Pa	rt III		t of Program Serv chedule O contain			e in this Part III		X
1			ganization's mission:					
2	Did the o	rganization ur	ndertake any significa	ant program s	ervices during the yea	ar which were not	t listed on	
-	the prior I	Form 990 or 9	990 - EZ?					Yes X No
_			e new services on Sc					
3					nt changes in how it c			Yes X No
			e changes on Schedu					
4							ram services, as meas rants and allocations to	
			d revenue, if any, for			i the amount of g	rants and allocations to	o otners,
		•	•		•			
4a	(Code:	vling champio) (Revenue \$	
4b	(Code:) (Expenses \$	3.015	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	6,778	including grants of \$) (Revenue \$	2,617)
	Awards &	recognition						
	011		(D)					
4d	Other pro (Expense	_	s. (Describe in Scheo 41,894 includir		,))(Revenue \$	28,827)	
4e		gram service		ig grants or v	235,753	, (πονσιία ο φ	20,027	

Part IV

Part	V Checklist of Required Schedules			
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		Х
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		Х
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		Х
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"			
4.5	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_		,,
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	,		,,
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
4.6	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Χ

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ı —
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		├^
24 a	· · · · · · · · · · · · · · · · · · ·			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			V
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	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			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			l
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
20		21		┝
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):	00-		V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			l
	If "Yes," complete Schedule N, Part II	32		Х
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33.0		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\stackrel{\sim}{}$
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			i
	VI	37		X
00		31		├^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38		i
	137 NOTE: AN FORM 990 MEIS SIE TEOMIEG 10 COMOIETE SCHEOUIE U	1.58		

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response or note to any line in this Part V			$oldsymbol{oldsymbol{oldsymbol{eta}}}$
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10	Х	
2a	gaming (gambling) winnings to prize winners?	1c	$\stackrel{\sim}{-}$	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		V
h	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		$\hat{}$
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
IJ	against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. <u>_</u> a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management							
	on 74 Coverning Dody and management				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20					
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1 b 1	44					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with						
	any other officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under							
	supervision of officers, directors, or trustees, or key employees to a management company or other		<u> </u>	3 4		X		
4	3 · · · · · · · · · · · · · · · · · · ·							
5								
6	Did the organization have members or stockholders?		·	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		١.	_				
_	one or more members of the governing body?		· Ľ	7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		١.	7b		Х		
	stockholders, or persons other than the governing body?							
8								
2	the year by the following: The governing body?			8a	Х			
a b	Each committee with authority to act on behalf of the governing body?			8b	$\hat{\mathbf{x}}$			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		F'	00				
·	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Sect	ion B. Policies (This Section B requests information about policies not required by the			9 de l)	X		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		1	0a		Х		
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?							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a		Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		? <u> </u> 1	2b	Χ			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		١,			.,		
40	describe in Schedule O how this was done		_	2c		X		
13	Did the organization have a written whistleblower policy?			13 14		X		
14	Did the organization have a written document retention and destruction policy?		.	14		_		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•						
а	The organization's CEO, Executive Director, or top management official		1	5a		Х		
b	Other officers or key employees of the organization			5b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement						
	with a taxable entity during the year?		1	6a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard						
	the organization's exempt status with respect to such arrangements?		<u>. 1</u>	6b				
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AL	O.T. (O						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	U-1 (Section 501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	valoin in Oak - ded	O)					
19	X Own website Another's website X Upon request Other (e) Describe in Schedule O whether (and if so, how) the organization made its governing documents,	plain in Schedule	,		٦			
13	financial statements available to the public during the tax year.	commer or interest p	JUNCY	, all	u			
20	State the name, address, and telephone number of the person who possesses the organization's k	oooks and records.		•				
	Charles Easterwood			-				
	105A Locust St, Gadsden, AL 35901-3755							

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.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	ю́х,	unle	Pos neck ss pe	rson irect	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Gambrell, Jr	1.00 0.00									
Director (2) Cathy Targerson	1.00	X								
(2) Cathy Torgerson	0.00	Х								
<u>Director</u> (3) Cecil Davis	1.00	<u> </u>								
Director	0.00	Х								
(4) Randy Bridges	1.00									
Director	0.00	Х								
(5) Connie Childers	1.00	<u> </u>								
Director	0.00	Х								
(6) Brenda Howard	1.00									
Director	0.00	Х								
(7) Lamont Reed	1.00									
Director	0.00	Х								
(8) John Dengel	1.00									
Director	0.00	Х								
(9) Charles Powe	1.00									
Director	0.00	Х								
(10) Paul Richards	1.00									
Director	0.00	Х								
(11) Janice Mason	1.00									
Director	0.00	Х								
(12) Jim Spitzely	1.00									
Director	0.00	X								
(13) Billy Fox	1.00									
Director	0.00	X	<u> </u>							
(14) Melynda Walker	1.00	,.								
Director	0.00	Χ								

ı	Page	. 8

20-4905853

(A) Name and title		(B) Average hours per week (list any hours for related	Position (do not check more than obox, unless person is both officer and a director/trust Highest coofficer and a director director director and the coofficer and the cooffic						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Es an com	(F) timated nount of other pensation om the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee) ii	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1033-MIGC)	orga and	anization I related nizations	
	Alvin Hanke	1.00	1										
Direct (16)	Charles Easterwood	0.00 5.00	_										-
Pres	ident	0.00			Х								
	Phylis Parker												
	President Corner	0.00 1.00		├	X								_
	Carolyn Garner President	0.00			x								
	Barry Beavers			\vdash	Ĥ								-
Vice	President	0.00			Х								
(20)	Larry Keel	1.00											
	at Arms	0.00			X	-					-		_
(21)													
(22)													_
(23)													
(24)													
(25)													_
1b	Sub-total				٠.			•	0	0		()
С	Total from continuation sheets to Part VII, Se								0	0)
d_	Total (add lines 1b and 1c).								0	0		()
2	Total number of individuals (including but not liver reportable compensation from the organization		sted a			vho	recei	vec	I more than \$100),000 of			
	reportable compensation from the organization				0							Yes No	_
3	Did the organization list any former officer, dire	ector, or trustee,	key e	emp	loye	e, c	r higl	nes	t compensated			100 110	
	employee on line 1a? If "Yes," complete Sched	lule J for such in	dividu	ual.							3	X	
4	For any individual listed on line 1a, is the sum of	•	•						•				
	the organization and related organizations great	•			es, "	con	nplete	Sc	chedule J for suc	h			
_	individual				-			•			4	X	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			-			_			5		
Sec	tion B. Independent Contractors	es, complete st	meat	110 0	101	Suc	ii pei	301	1		1 2 1	X	-
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										tax		
	(A) Name and business address								(B) Description of ser	vices	(C) Compens		_
												(0
													<u>0</u>
													<u>c</u>
													<u>ე</u>
2	Total number of independent contractors (inclu	ding but not limit	ted to	the	se I	iste	d abo	ve)	who received				Į
	more than \$100.000 of compensation from the	_	•				0.00	-,					

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or r	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
Contributions, Gifts, Grants and Other Similar Amounts	g	Federated campaigns	1a 1b 1c 1d 1e 1f	0 17,145 586 0 0 13,675	31,406			
e				Business Code	,			
Program Service Revenue		Tournament entry fees		900099	199,149			
&	b	Scholarship brackets		900099	0			
ļ ķ		Refunds		900099	0			
Ser	d				0			
аш	е				0			
100	f	All other program service revenue			0			
Δ.	g	Total. Add lines 2a–2f			199,149			
	3 4 5	Investment income (including dividends, interestment income from investment of tax-exempt bond Royalties	 I proc	▶ [0 38			
		(i) Real		(ii) Personal	J			
	6a	Gross rents		()				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Securit		(ii) Other	J			
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses	0	اه ا				
	С	Gain or (loss)	0					
	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18	а	0				
美	b	Less: direct expenses	b	0				
١		Net income or (loss) from fundraising events	S	▶	0			
	9a	Gross income from gaming activities.						
	_	See Part IV, line 19.		0				
		Less: direct expenses		0				
		Net income or (loss) from gaming activities .			0			
	10a	Gross sales of inventory, less						
		returns and allowances		0				
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales of inventory			0			
}	44-	Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	C	All other revenue			0			
	d	All other revenue			0			
	e 12	Total. Add lines 11a–11d			230 593	0	0	C

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

	90 (2017) Alabama USBC Association Inc			20-490)5853 Page 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	o			
6	trustees, and key employees	<u> </u>		0	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	0			
Ü	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	15,000	15,000		
b	Legal	0	,		
С	Accounting	600	600		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	3,559	3,559		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	5,341	5,341		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	10,013	10.010		
19	Conferences, conventions, and meetings	<u> </u>	10,013		
20 21	Interest	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	314	314	U	0
24	Other expenses. Itemize expenses not covered	314	317		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Awards, recognitions	2,139	2,139		
b	Scholarships & Smart Program	3,015	3,015		
С	Tournament expense	184,066	184,066		
d	Veterans Fund Donation	8,945	8,945		
е	All other expenses	2,761	2,761		
25	Total functional expenses. Add lines 1 through 24e	235,753	235,753	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	36,710	1	31,550
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
şţ		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	36,710	16	31,550
	17	Accounts payable and accrued expenses	0	17	,
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Se	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ■ and complete lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	0	27	
ala	28	Temporarily restricted net assets	0	28	
m m	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.	J		
Š	20			20	
set	30	Capital stock or trust principal, or current funds	0	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0 36,710	31 32	04.550
Vet	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	36,710	33	31,550 31,550
_	34	Total liabilities and net assets/fund balances	36,710	34	31,550
	_ 	rotal navinties and net assets/fund balances	30,7 10		J 1,000

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	ame of the organization Employer identification number							
		USBC Association Inc						05853
Par					_			
The 1	orga	anization is not a private foundat A church, convention of church	•	•	•		•	
2		A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedu l e E (Form	990 or 99	90-EZ).)		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local govern	ment or governmen	nta l unit described in s e	ection 170)(b)(1)(A)(v).	
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmenta l ι	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organia or university or a non-land-granuniversity:						
10	X	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	9(a)(1) or s	section 50)9(a)(2). See sectio (n 509(a)(3)
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a				
b		Type II. A supporting organize control or management of the organization(s). You must c	e supporting organi	zation vested in the sa				
С		Type III functionally integration its supported organization(s)						rated with,
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att	
е]	Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported	organizations					<u> </u>
g		Provide the following information			(; A la 4) a -		(A A	(-i) A
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

Sche	edule A (Form 990 or 990-EZ) 2017 Alabama U	JSBC Association	Inc			20-490585	3 Page 2
Pa	rt II Support Schedule for Orga			ions 170(b)(1)	(A)(iv) and 170		
	(Complete only if you checke						der
	Part III. If the organization fa				•		
Sec	ction A. Public Support			, ,			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1		,	` '	,	. ,	· /	
•	membership fees received. (Do not						
	include any "unusual grants.")						0
2							
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	ction B. Total Support		•			•	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	o o	0	0	0	0	0
8	Gross income from interest, dividends,	<u> </u>	- i		0		
٠	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
^						-	0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						_
	organization, check this box and stop here						
Sed	ction C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2017 (line 6, c	column (f) divided by	/ line 11, column (f	5))		14	0.00%
15	Public support percentage from 2016 Sched	ule A, Part II, line 14	4			15	0.00%
16a	33 1/3% support test—2017. If the organiz					ck this box	
	and stop here. The organization qualifies as						
h	33 1/3% support test—2016. If the organiz		-				
IJ	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test—2017	•			•		
	is 10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fact organization						. □
L	10%-facts-and-circumstances test—2016						· · · · •
Ŋ	, 10/0-14612-4114-6116411151411645 1451 2010	ı, ii ille organizatlon	i did Hot Check a D	ox on mie 13, 10a,	TOD, OF 17a, and I	IIC	

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			, 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	24,302	24,839	24,881	24,839	31,444	130,305
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	225,721	205,500	212,642	205,133	199,149	1,048,145
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						(
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5	250,023	230,339	237,523	229,972	230,593	1,178,450
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
	line 6.)						1,178,450
	ction B. Total Support					į.	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	250,023	230,339	237,523	229,972	230,593	1,178,450
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources		33	31			64
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	33	31	0	0	64
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	250,023	230,372	237,554	229,972	230,593	1,178,514
14	First five years. If the Form 990 is for the or						. □
	organization, check this box and stop here .						
	ction C. Computation of Public Sur	•				4=	
15	Public support percentage for 2017 (line 8, co	•	·	* *		15	99.99%
16	Public support percentage from 2016 Schedu					16	99.99%
	ction D. Computation of Investmen				1	47	
17	Investment income percentage for 2017 (line	* *	' - '			17	0.01%
18	Investment income percentage from 2016 Sc					18	0.01%
19a	33 1/3% support tests—2017. If the organiz						⊾ 1⊽
L	not more than 33 1/3%, check this box and s				-		▶ 🛚
D	33 1/3% support tests—2016. If the organization 18 is not more than 33 1/3% check this l						▶ 🗆
20	line 18 is not more than 33 1/3%, check this l						=
20	Private foundation. If the organization did n	ioi check a box on l	iirie 14, 19a, or 19l	o, check this box a	na see instructions		

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
orm 990 or	990-EZ) 2017

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		-,.	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		inotru	otiono	١
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ii iSti ut		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyir			
instructions. All other Type III non-functionally integrated supporting orga	nizatior	ns must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		_
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	П		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functiona	lly integ	rated Type III supporting o	
instructions).		•	

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
		(1)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(!) Excess Distributions	Underdistributions	Distributable
		LXCC39 DISTINUTIONS	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013 0			
С	From 2014 0			
d	From 2015 0			
е	From 2016 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2013 0			
b	Excess from 2014 0			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017 0			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Alabama USBC Association Inc

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

20-4905853

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not 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 foundation				
	501(c)(3) taxable private foundation				
Check if your organization	is covered by the General Rule or a Special Rule .				
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organizationEmployer identification numberAlabama USBC Association Inc20-4905853

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:		Person Payroll Oncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organizationEmployer identification numberAlabama USBC Association Inc20-4905853

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of org	ganization SBC Association Inc		Employer identification number 20-4905853			
Part III	Exclusively religious, charitable, etc., contril (10) that total more than \$1,000 for the year f the following line entry. For organizations comp contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional space	rom any one contributor. Comp leting Part III, enter the total of exter this information once. See ins	bed in section 501(c)(7), (8), or blete columns (a) through (e) and colusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and ZIP +	(e) Transfer of gift Relation	ship of transferor to transferee			
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and ZIP +	ship of transferor to transferee				
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(a) Transfer of sift				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and ZIP +	(e) Transfer of gift4 Relation	ship of transferor to transferee			
	For. Prov. Country					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of organization			Employer identification number				
Alabama USBC Association Inc					20-4905853		
Pa		he organization is exempt und					
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for						
	definition of "political cam						
2		y expenditures (see instructions)					
3	Volunteer hours for politic	cal campaign activities (see instruction	ns)				
	rt I-B Complete if t	the organization is exempt und	er section 501	(C)(3).			
1	Enter the amount of any 6	excise tax incurred by the organizatio	n under section 48	900	· • •		
2		excise tax incurred by organization m					
3	_	ed a section 4955 tax, did it file Form	•				∐ No
						Yes	∐ No
	If "Yes," describe in Part			(-)	FO4 (-)(٥١	
		he organization is exempt und			on 501(c)(ა).	
1		expended by the filing organization f					
_					. > \$		
2		iling organization's funds contributed vities			▶ ₾		
3		penditures. Add lines 1 and 2. Enter h			. ▶ ⊅		
3	line 17h		iere and on Form	1120-POL,	• •		0
4		i file Form 1120-POL for this year? .					∏ No
5		ses and employer identification numb					□
J		ents. For each organization listed, en					
		ntributions received that were prompt					
	as a separate segregated	d fund or a political action committee	(PAC). If additiona	I space is needed,	provide infor	mation in Par	t IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of p	olitical
	(a) Hamo	(3) / (44,000	(0) =111	filing organization	n's	contributions rece	ived and
				funds. If none, ente	er -0	promptly and d delivered to a se	
						political organiza	
						none, enter	o
(1)							
('')							
(2)							
(3)							
(4)							
					-+		
(5)							
(6)							

	,					raye 🚣
Р	art II-A Complete if the organiza under section 501(h)).	ition is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction
A B	Check ▶ if the filing organization name, address, EIN, e Check ▶ if the filing organization	xpenses, and sh	are of excess lob	bying expenditur	es).	up member's
_		obbying Expendit	ures	· ·	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (gra	ss roots lobbying).			0
b	Total lobbying expenditures to influence					0
С	Total lobbying expenditures (add lines 1	a and 1b)			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add	d lines 1c and 1d) .			0	0
f	Lobbying nontaxable amount. Enter the	amount from the fo	llowing table in bot	h		
	columns.				0	0
	If the amount on line 1e, column (a) or (b)	is: The lobbyin	ıg nontaxable amou	ınt is:		
	Not over \$500,000		20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			over \$1,500,000.		
_	Over \$17,000,000 Grassroots nontaxable amount (enter 25)	\$1,000,000.			0	0
g h	Subtract line 1g from line 1a. If zero or le				0	0
";	Subtract line 1f from line 1c. If zero or le				0	0
i	If there is an amount other than zero on					0
,	section 4911 tax for this year?					Yes No
	(Some organizations that made	4-Year Averaging a section 501(h) e	g Period Under sed	ction 501(h) re to complete all c		below.
_	Lob	bying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
	Total lobbying expenditures	0	0	0	0	0
_d 	Grassroots nontaxable amount	0	0	0	0	0
е —	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	_		_

Schedule C (Form 990 or 990-EZ) 2017

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768	;	
Ford		(a	1)		(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body?					
j	Other activities?					(
2a b	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	C)(5)	or se	ection		
I all	501(c)(6).	C)(O),	01 30	CHOII		
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	c)(5),	or se	ection		3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	ı	2a			
b	Carryover from last year	•	2b 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			(
Part		F 0 F				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	list); F	art II-/	۱, lines	1 and	d

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

2017

Open to Public Inspection

Employer identification number

Alabama USBC Association Inc	20-4905853
Form 990, Part III, Line 4d: Program Service Expenses: 41,894, Grants and allocations: 0,	
Revenue: 28,827 Other	

Schedule O (Form 990 or 990-EZ) (2017)		Page	2
Name of the organization	Employer identification number		_
Alabama USBC Association Inc	20-4905853		
Addating CODO / 10000141011 [110	20 1000000		_