

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning** AUGUST 01, , 2009, and ending JULY 30 , 20 10

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**AMERICAN BOWLING CONGRESS INC 33742 TROY BOWLING ASSOC.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1930 7TH AVENUE**

City or town, state or country, and ZIP + 4  
**WATRERVLJET, NEW YORK 12189**

**D Employer identification number**  
**14-1545957** 14-1545951

**E Telephone number**  
**518-272-3516**

**F Group Exemption Number** ▶ **33742**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 0

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received																																								
	2	Program service revenue including government fees and contracts																																								
	3	Membership dues and assessments																																								
	4	Investment income																																								
	5a	Gross amount from sale of assets other than inventory																																								
	b	Less: cost or other basis and sales expenses																																								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																																								
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																								
	b	Less: direct expenses other than fundraising expenses																																								
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																									
7a	Gross sales of inventory, less returns and allowances																																									
b	Less: cost of goods sold																																									
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
8	Other revenue (describe ▶ _____)																																									
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																									
Expenses	10	Grants and similar amounts paid (attach schedule)																																								
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits																																								
	13	Professional fees and other payments to independent contractors																																								
	14	Occupancy, rent, utilities, and maintenance																																								
	15	Printing, publications, postage, and shipping																																								
	16	Other expenses (describe ▶ <u>SEE SCHEDULE</u> )																																								
	17	<b>Total expenses.</b> Add lines 10 through 16																																								
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																								
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																								
	20	Other changes in net assets or fund balances (attach explanation)																																								
	21	Net assets or fund balances at end of year Combine lines 18 through 20																																								

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9317	22 10225
23	Land and buildings	42000	23 42000
24	Other assets (describe ▶ <u>FURNITURE&amp;EQUIPMENT</u> )	10000	24 10000
25	<b>Total assets</b>		25
26	<b>Total liabilities</b> (describe ▶ _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	61317	27 62225

24



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶ <b>NEW YORK</b>		
42a	The organization's books are in care of ▶ <b>EMMET A. PLANTE</b> Telephone no. ▶ <b>518-235-7075</b> Located at ▶ <b>807 3RD AVE TROY NEW YORK</b> ZIP + 4 ▶ <b>12182</b>		
b	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)? . . . . .	Yes	No
42b			✓
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		
42c	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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 . . . . .	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 . . . . . NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . NONE

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.

**Sign Here**

*E. Emmet A. Plante*  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 EMMET A. PLANTE  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_  
 Phone no \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

# TROY BOWLING ASSOCIATION

LINE # 16

14-154957

## EXPENDITURES:

NEW YORK CONVENTION	\$ 750
EMPLOYEE EXPENSES	3,480
UTILITIES	2,468
TELEPHONE	2,253
INSURANCE	1,682
DONATIONS	550
POSTAGE	396
REFUNDS	658
USBC DUES	43,225
SUPPLIES	1,429
800 CLUB	150
H.A.F DINNER	5,109
DATA & COMPUTER PROCESSING	932
OFFICER SALARY	650
ACCOUNTING	200
SECURITY	216
SCHOLARSHIPS	1,500
PROPERTY TAX	1,829
700 CLUB	150
ANNUAL MEETING	315
BANK CHARGES	281
REPAIRS	<u>\$ 149</u>

TOTAL EXPENDITURES

68,171

THE TROY BOWLING ASSOCIATION CURRENTLY HAS BETWEEN 2,000 AND 2,500 MEMBERS.

**The Troy Bowling Association was established to promote the sport of sanctioned bowling, under the guidance of the United States Bowling**

Congress. The Board of Directors serve the members of our association by providing representation to the New York State Bowling Association and the United States Bowling Congress, and assisting leagues in providing an enjoyable experience for league members.

# Board



## Board of Directors

### Executive Board

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*Vice-President-* Frank M. Ciarlone  
*Vice-President-* Frank J. Zovistoski  
*Association Manager-* Kathy Klar

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