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IBC YOUTH BOWLING, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2023



CliftonLarsonAllen LLP CLAconnect.com

August 28, 2024

IBC Youth Bowling, Inc. 621 Six Flags Drive Arlington, TX 76011 Attention: Mr. Chad Murphy

Dear Chad:

Enclosed are the organization's 2023 Exempt Organization returns and 2024 estimated tax payments information.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2024 the filing deadline.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-T has an overpayment of \$2,183. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

ESTIMATED TAX PAYMENTS FOR FORM 990-T:

For your reference we have listed all estimated tax payments and their original due dates below.

Installment No. 4 by 12/16/24 \$657

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. The deposits must be made by the 15th day of the month in which the return is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

WISCONSIN FORM 4T RETURN:

The Wisconsin Form 4T should be mailed on or before December 16, 2024 to:

Wisconsin Department of Revenue P.O. Box 8908 Madison, WI 53708-8908

No payment is required.

Your overpayment in the amount of \$648 has been applied to your Wisconsin estimated tax.

WISCONSIN ESTIMATED TAX INSTALLMENTS:

The Estimated Income tax due dates and required payments are as follows:

Installment no. 4 by 12/16/24...... \$244 Installment no. 1 by 04/15/24...... No payment required Installment no. 2 by 06/17/24...... No payment required Installment no. 3 by 09/16/24...... No payment required

Separately mail installment 4 of the declaration of estimated tax by December 16, 2024. Enclose a check in the amount of \$244, payable to Wisconsin Department of Revenue.

Mail the Wisconsin estimated tax vouchers to:

Wisconsin Department of Revenue PO Box 3028 Milwaukee WI, 53201-3028

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

DocuSign Envelope ID: 4C94492A-E09A-433D-9311-F85A3AD4000D

Form 8879-TE	IRS E-file Signature Authorization for a Tax Exempt Entity			ı	OMB No. 1545-0047	
	For other denses and			-		0000
	For calendar year 20		ginning , 20; t send to the IRS. Keep fo		, 20	2023
Department of the Treasury Internal Revenue Service			irs.gov/Form8879TE for th	-		
Name of filer					EIN or SSI	N
IBC YO	UTH BOWLI	NG, INC.	•		47-1	705987
Name and title of officer or pe	rson subject to tax	CHAD M PRESID				
Part I Type of I	Return and Re					
Form 5330 filers may enter or 10a below, and the amo	dollars and cents ount on that line fo	s. For all other f or the return be ·0-). But, if you -	orm 8879-TE and enter the forms, enter whole dollars of eing filed with this form was entered -0- on the return, th	only. If you check the blank, then leave line nen enter -0- on the ap	box on line 1a, 2a 1b, 2b, 3b, 4b, 5t oplicable line below	, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5, 6b, 7b, 8b, 9b, or 10b, 7. Do not complete more
1a Form 990 check h		-	evenue, if any (Form 990, P			
2a Form 990-EZ che	ck here		evenue, if any (Form 990-Ez			
3a Form 1120-POL			ax (Form 1120-POL, line 22)			
4a Form 990-PF che			sed on investment income			
5a Form 8868 check			e due (Form 8868, line 3c)			
6a Form 990-T check			x (Form 990-T, Part III, line			
7a Form 4720 check			ax (Form 4720, Part III, line			
8a Form 5227 check			assets at end of tax year			
9a Form 5330 check			e (Form 5330, Part II, line 1			
10a Form 8038-CP ch Part II Declarat			t of credit payment reque rization of Officer or			10b
Under penalties of perjury,	I declare that	I am an offic	cer of the above entity or	I am a person sub	pject to tax with res	pect to (name
of entity)			, (Ell	N)	and that I have	e examined a copy of the
payment of taxes to receiv personal identification nun PIN: check one box only	e confidential info nber (PIN) as my s	rmation necess ignature for the	t) date. Ì also authorize the sary to answer inquiries an e electronic return and, if aj	d resolve issues relate	ed to the payment.	I have selected a s withdrawal.
X I authorize CL	IFTONLARS	ONALLEN	LLP		to enter my l	PIN 41791
			ERO firm name			Enter five numbers, but do not enter all zeros
with a state age on the return's d	ncy(ies) regulating lisclosure consent	charities as pa screen.	ally filed return. If I have indi art of the IRS Fed/State pro ct to the entity, I will enter r	gram, I also authorize	e the aforementione	e return is being filed ed ERO to enter my PIN
IRS Fed/State p	rogram, I will enter	r my PIN on the	a copy of the return is being e return's disclosure conse	filed with a state age nt screen.		
Signature of officer or person subject Part III Certifica	tion annad Avento				Dat	_e 8/30/2024
ERO's EFIN/PIN. Enter yo			ification			
number (EFIN) followed by	-	-		3986474 Do not enter		
-			ny signature on the 2023 ele s of Pub. 4163, Modernized	•		
ERO's signature LAC	EY SILBER	NAGEL, (СРА	Date	08/28/24	
	B		Retain This Form - S			
			Form to the IRS Unl	ess Requested 1	ro Do So	- 0070 TE
For Privacy Act and Pape	erwork Reduction	Act Notice, s	ee instructions.			Form 8879-TE (2023)
LHA 302521 01-05-24						

Form 8 (Rev. Janu	zation ns	OMB No. 1545-0047						
Department o Internal Rever								
listed belo request fo	Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.							
Caution: If	, ,	to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 84	53-TE and Form 8	879-TE for payment				
•	All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.							
Part I - Identification								
Type or	ype orName of exempt organization, employer, or other filer, see instructions.Taxpayer ider			cation number (TIN)				
Print	IBC YOUTH BOWLING, INC. 47		47-	1705987				

File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see 621 SIX FLAGS DRIVE	ee instruct	ions.					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, TX 76011							
Enter the Return Code for the return that this application is for (file			e application for each return)	01				
Application Is For			Application Is For	Return				
		Code		Code				
Form 990 or Form 990-EZ			Form 4720 (other than individual)	09				
Form 4720 (individual)		03	Form 5227	10				
Form 990-	PF	04	Form 6069	11				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 8870	12				
Form 990-	T (trust other than above)	06	Form 5330 (individual)	13				
Form 990-T (corporation)			Form 5330 (other than individual)	14				
Form 1041-A								

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name				
	Plan Number				
	Plan Year Ending (MM/DD/YYYY)				
Part I	- Automatic Extension of Time To File for Exempt Organizations (see instructions)				
Tł	e books are in the care of ERIC KAMMLAH				
	621 SIX FLAGS DRIVE - ARLINGTON, TX 76011				
Τe	lephone No. (817) 385-8296 Fax No.				
• If	he organization does not have an office or place of business in the United States, check this box				
	his is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)				this
box	If it is for part of the group, check this box and attach a list with the names and TINs of all				
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file th				or
	the organization named above. The extension is for the organization's return for:				
	X calendar year 20 23 or				
	tax year beginning, 20, and ending			. 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	n		
-	Change in accounting period	arrotar			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	1			
Ja	any nonrefundable credits. See instructions.	3a	\$		0.
h		Joa	ф		••
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	0	•		0.
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				0
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$		Ο.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File by the

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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. OMB No. 1545-0047

Α	A For the 2023 calendar year, or tax year beginning and ending						
В	Check if applicabl	e: C Name of organization		D Employer identifie	cation number		
Г	Addre	IBC YOUTH BOWLING, INC.					
Name			47-170598		87		
Initial return Final		621 GTY FLACE DETVE	Room/suite	E Telephone number 800-343-			
	termin			G Gross receipts \$	3,268,240.		
	Amen	ARLINGTON, TX 76011		H(a) Is this a group re	eturn		
	Applic tion pendir	F Name and address of principal officer: CIIAD MORFILI		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c) ()$ (insert no.) $4947(a)(1) ()$	or 527		list. See instructions		
	Websi			H(c) Group exemptio			
	art I	organization: X Corporation Trust Association Other	L Year	of formation: 2014 N	State of legal domicile: WI		
_		Briefly describe the organization's mission or most significant activities: PROV	IDE RE	SOURCES AND	EDUCATION		
Ce		TO PROVIDE A SAFE, POSITIVE, AND FUN ENVI					
nar	2	Check this box if the organization discontinued its operations or dispos					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			4		
		Number of independent voting members of the governing body (Part VI, line 1b)			2		
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8		
iviti	6	Total number of volunteers (estimate if necessary)		6	150		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			27,089.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			<u>13,459.</u> Current Year		
	8	Contributions and grants (Part VIII, line 1h)		516.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		2,292,258.	2,459,822.		
Sver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,020.	46,170.		
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,605.	207,389.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,559,399.	2,713,381.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		561,090.	614,738.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		542,887.	682,103.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ăX	b -	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 010 600			
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,912,683. 3,016,660.	2,373,560. 3,670,401.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-457,261.	-957,020.		
	(19 (19	Revenue less expenses. Subtract line 16 from line 12	Be	ginning of Current Year	End of Year		
ets c	20	Total assets (Part X, line 16)		3,655,080.	3,027,478.		
Ass	21	Total liabilities (Part X, line 26)		801,395.	776,500.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,853,685.	2,250,978.		
P	art II	Signature Block					
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules – Signed by: t, and complete. Declaration of preparer (other than officer) is based on all information of wh	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true	e, correc		lich preparer	has any knowledge.			
		luad Murphy Signatucaetaticer		8/30/2024	4		
Sig				Date			
He	re	CHAD MURPHY, PRESIDENT Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	LACEY SILBERNAGEL, CPA LACEY SILBERNAGE	EL. CO	8/28/24 if self-employ			
	- parer	Firm's name CLIFTONLARSONALLEN LLP	_, 00		1-0746749		
	Only	Firm's address 100 MARITIME DRIVE, SUITE 2B			_		
MANITOWOC, WI 54220 Phone no.920-684-							
Ма	y the IF	AS discuss this return with the preparer shown above? See instructions			X Yes No		
LH	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form 990 (2023)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) IBC YOUTH BOWLING, INC. 47-1705987 Page
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE RESOURCES AND EDUCATION THAT INSPIRE OTHERS TO PROVIDE A SAFE, POSITIVE AND FUN ENVIRONMENT FOR ATHLETES OF ALL AGES AND SKILL
	LEVELS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4	revenue, if any, for each program service reported. (Code:) (Expenses \$ 244,255. including grants of \$ 0.) (Revenue \$ 771,222.
4a	(Code:) (Expenses \$ 244,255. including grants of \$ 0. (Revenue \$ 771,222. MEMBERSHIP SERVICES - IN EXCHANGE FOR MEMBERSHIPS, IBC YOUTH SUPPORTS
	THE SPORT OF BOWLING AND CELEBRATES THE PAST WHILE ENSURING THE FUTURE.
	MEMBERS ALSO RECEIVE DISCOUNTS WITH VARIOUS ORGANIZATIONS.
4b	(Code:) (Expenses \$ 2,217,636. including grants of \$ 614,738.) (Revenue \$ 1,456,568.
40	(Code:) (Expenses \$ 2,217,636. including grants of \$ 614,738.) (Revenue \$ 1,456,568. TOURNAMENTS - IBC YOUTH WILL ORGANIZE YOUTH TOURNAMENTS WHERE YOUTH CAN
	COMPETE FOR SCHOLARSHIPS AND OTHER PRIZES. THESE TOURNAMENTS WILL BE
	CONTROLLED BY UNITED STATES BOWLING CONGRESS RULES AND REGULATIONS
	GOVERNING THE SPORT OF BOWLING.
4c	(Code:) (Expenses \$ 886,528 including grants of \$ 0) (Revenue \$ 218,912.
70	PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3, 348, 419.
	Form 990 (202
33200	2 12-21-23

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3 2023.04020 IBC YOUTH BOWLING, INC. A3515221

	990 (2023) IBC YOUTH BOWLING, INC. 47-170 t IV Checklist of Required Schedules
	Unecklist of hequired ochedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> . 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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> .
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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13 14a	
b	Did the organization maintain an office, employees, or agents outside of the United States?
IJ	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

	1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
	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	Х

332003 12-21-23

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2023.04020 IBC YOUTH BOWLING, INC.

A3515221

Form 990 (2023)

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Form	990 (2023) IBC YOUTH BOWLING, INC. 47-17	705987	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	<u>24c</u> 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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		v	
05	Part V, line 1		X	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
a	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 cost ion 512(b)(13)2. If IVes II according to be been used to be been used as a second se	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			┼───
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	<u> </u>
			х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	45		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2023) IBC YOUTH BOWLING, INC. 47-1705987 Pag					
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	8			
b			2b	Х	
3a		Г	3a	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	····· F	3b	X	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	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					х
b			5a 5b		x
			50 50		_ <u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid				<u> </u>
Ua			6a		x
h	any contributions that were not tax deductible as charitable contributions?	·····	ua		
D			Ch		
-	were not tax deductible?	····· -	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	novor0	7-		x
a		Г	7a 71		
b		······ -	7b		<u> </u>
С	5 , 5, 1 51 11,		_		v
	to file Form 8282?	····· -	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				v
е		······	7e		X
f	5 , 5 , 1 , 1		7f		X
g			7g 7h		├───
h	5				<u> </u>
8					
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а		····· Γ	9a		├───
b	, , , , , , , , , , , , , , , , , , , ,	····· -	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а					
b					
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b					
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	F	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	3				
	organization is licensed to issue qualified health plans				
С					
14a		L	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	L	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	L	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	L	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		
	If "Yes," complete Form 6069.				
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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	<u>t</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
)ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	х	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		- 23
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		104		
	exempt status with respect to such arrangements?	16b		
17				bla
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	-1 <i>E</i>		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>ERIC KAMMLAH - (817)385-8296</u> 621 SIX FLAGS DRIVE, ARLINGTON, TX 76011			

Form 990 (2023)	IBC YOUTH BOWLING, INC.	47-1705987 Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if S	chedule O contains a response or note to any line in this Part VII						
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employee	es					
 List all of the org 	e for all persons required to be listed. Report compensation for the calendar yea ganization's current officers, directors, trustees (whether individuals or organiza), (E), and (F) if no compensation was paid.	o o i					
•	panization's current key employees, if any. See the instructions for definition of						

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			Dense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loye	com l		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHAD MURPHY	2.00	_ <u>_</u>	=	ò	ž	<u>= =</u>	Fe			
PRESIDENT	40.00	x		x				0.	420,573.	54,827.
(2) FRANK DESOCIO	2.00									
VICE PRESIDENT	40.00	х		х				0.	387,971.	25,486.
(3) GARY BROWN	40.00									
MANAGING DIRECTOR OF IBC YOUTH DEVEL	0.00			Х				100,426.	0.	36,690.
(4) MELISSA MCDANIEL	2.00	_						_		_
DIRECTOR	4.50	Х						0.	0.	0.
(5) KEVIN KRAUSS	2.00									
DIRECTOR	12.50	Х						0.	0.	0.
		1								
]								
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Par	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unles	ss per	ition more rson i:	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	
	Subtotal								100,426.	808,54	4. 117,003.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 100,426.		0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1
3	Did the organization list any former officer,				•	•		Ŭ	• •		Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services	
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	•	•							•	ensation from
	the organization. Report compensation for t (A) Name and business			ndin DNE		<u>ith c</u>	or wit	hin:	<u>the organization's tax y</u> (B) Description of s		(C) Compensation
					-						
2	Total number of independent contractors (ir	•	ot lin	nitec	l to i	thos		ted	above) who received mo	ore than	
	\$100,000 of compensation from the organiz	ation				<u> </u>	,				Form 990 (2023)

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					BOW	LING, IN	с.		47-1705	987 Page 9
Pa	rt V	111	Statement of Re	venue						
			Check if Schedule O	contains a res	ponse	or note to any lir				
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ts t	1 :	а	Federated campaigns		a 📃					
iran oun		b	Membership dues		b					
Ame Ame		с	Fundraising events		>					
ar /		d	Related organizations		1					
s, (imil		е	Government grants (contr	ributions) 1	•					
tion S	i	f	All other contributions, gifts,	grants, and						
the			similar amounts not included	l above 11						
Contributions, Gifts, Grants and Other Similar Amounts	1	g	Noncash contributions included in	lines 1a-1f	3 \$					
an		h	Total. Add lines 1a-1f							
						Business Code				
e	2		TOURNAMENT FE				1,456,568.			
ervi		b	MEMBERSHIP DU			713990	771,222.		07 000	
Program Service Revenue		С	SPONSORSHIP I	NCOME		713990	232,032.	204,943.	27,089.	
ran 3ev		d								
rog		е								
٩			All other program service							
		g	Total. Add lines 2a-2f				2,459,822.			
	3		Investment income (includ				66,512.			66,512.
	4						00,512.			00,512.
	4 5		Income from investment of	-			193,420.			193,420.
	5		Royalties	(i) R	 eal	(ii) Personal	199,4200			155,420.
	6	2	Gross rents	6a			1			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c						
			Net rental income or (loss	· · · ·						
			Gross amount from sales of	(i) Secu		(ii) Other				
	-		assets other than inventory	7a 500,0	000.					
		b	Less: cost or other basis							
е			and sales expenses	7ь520,З	342.					
venue		с	Gain or (loss)	7c-20,3	342.					
			Net gain or (loss)				-20,342.			-20,342.
Other Re	8	а	Gross income from fundraisi	ng events (not						
₫			including \$	0	F					
			contributions reported on	line 1c). See						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin	-						
			Part IV, line 19				-			
			Less: direct expenses							
			Net income or (loss) from		ties					
	10	а	Gross sales of inventory,			40,804.				
		L-	and allowances			34,517.	-			
			Less: cost of goods sold		···		6,287.	6,287.		
		U	Net income or (loss) from	Sales UI IIIVEI		Business Code	0,207.	0,207.		
sņ	11	2	MISCELLANEOUS	{		900099	7,682.	7,682.		
neo Nue		a b					,,002.	,,002.		
Miscellaneous Revenue		c								
isc(Be			All other revenue							
Σ			Total. Add lines 11a-11d			·	7,682.			
	12	_	Total revenue. See instruction				2,713,381.	2,446,702.	27,089.	239,590.
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Form 990 (2023) IBC YOUTH BOWLING, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

~	Check if Schedule O contains a respons	(A)	(B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	614,738.	614,738.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	137,116.	91,868.	45,248.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	110 750	200 560	120 100	
7	Other salaries and wages	418,758.	280,568.	138,190.	
8	Pension plan accruals and contributions (include	8,723.	5,844.	2,879.	
0	section 401(k) and 403(b) employer contributions)	81,854.	54,842.	2,879.	
9	Other employee benefits	35,652.	23,887.	11,765.	
0 1		55,052.	23,007.	11,705.	
	Fees for services (nonemployees): Management				
a b		278.		278.	
	F	24,038.		24,038.	
c d		21/0301		21/0301	
e					
f		6,089.		6,089.	
' g		0,0000			
9	column (A), amount, list line 11g expenses on Sch 0.)	790,539.	790,539.		
2	Advertising and promotion	101,034.	101,034.		
3	Office expenses	216,412.	202,897.	13,515.	
4	Information technology	39,471.		39,471.	
5	Royalties				
6	Occupancy				
7	Travel	399,466.	399,466.		
8	Payments of travel or entertainment expenses		,		
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	91,483.	91,483.		
3	Insurance	1,854.		1,854.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		373,882.	373,882.		
b		242,666.	236,469.	6,197.	
с		70,799.	65,353.	5,446.	
d	MEMBERSHIP EXPENSES	15,372.	15,372.		
е	All other expenses	177.	177.		
5	Total functional expenses. Add lines 1 through 24e	3,670,401.	3,348,419.	321,982.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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IBC YOUTH BOWLING, INC. 47-1705987 Page 11 Form 990 (2023) 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 654,603. 185,600. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 6,576. 1,511. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 37,801. 55,301. 8 Inventories for sale or use 8 86,339. 70,065. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other <u>10</u>a 649,024. basis. Complete Part VI of Schedule D 320,080. 420,428. 328,944. b Less: accumulated depreciation 10b 10c 2,470,672. 2,364,718. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 3,655,080. 3,027,478. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 84,497. 48,434. Accounts payable and accrued expenses 17 17 18 18 Grants payable 716,898. 728,066. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 801,395. 776,500. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,853,685. 27 2,250,978. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,250,978.

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32

33

2,853,685.

3,655,080.

32

33

Form	1990 (2023) IBC YOUTH BOWLING, INC.	47-	1705987	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,713		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,670		
3	Revenue less expenses. Subtract line 2 from line 1	3	-957		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,853		
5	Net unrealized gains (losses) on investments	5	354	.,31	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,250),9'	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				. –
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

(Form 9	of the Treasury	Co	omplete if the organ 494 At	rity Status an hization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru rm 990-E	anization (st. Z.	or a section		OMB No. 1545-0047 2023 Open to Public Inspection
Name of	the organizati		5					Employer	identification number
			YOUTH BOWL						7-1705987
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ 1 2 3	A church, cor A school des	nvention of chi cribed in sect i	urches, or associatio ion 170(b)(1)(A)(ii). (For lines 1 through 12, cl in of churches described Attach Schedule E (Form anization described in se	in sectio 1 990).)	n 170(b)(1			
4	A medical res	-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5			or the benefit of a col Complete Part II.)	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
6		-	-	nental unit described in					
7	•		lly receives a substai omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	Dublic described in
8	-			(1)(A)(vi). (Complete Part	: II.)				
9 🛄	-	-		in section 170(b)(1)(A)(i ulture (see instructions).				-	-
10 X	university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ns membersh	in fees and	d gross receipts from
	-			t to certain exceptions; a				-	•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11 🗌			mplete Part III.)	volu to tost for public sat	inty Soo	soction 5()Q(a)(4)		
12				vely to test for public sat vely for the benefit of, to				rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	_	•	• •	upervised, or controlled				-	giving
	the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	••		•	or controlled in connect		• •	•		•
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
c			t complete Part IV, a grated. A supporting	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
). You must complete F				.,	,
d 🗌		-	• · ·	oorting organization oper				•	.,
				ation generally must sati				an attentiv	veness
e		-		nplete Part IV, Sections written determination from				II Type III	
		•		nally integrated supportir			турст, турс	n, rype m	
f Ent	er the number	-							
			about the supporte						
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
Total									

		BC YOUTH					5987 Page 2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checke			-	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	ise complete Part	III.)			
Sec	tion A. Public Support	•				.	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ū	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.						
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
		(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(1) TOLAI
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the						
0	organization, check this box and sto						
_	tion C. Computation of Publi						
14	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	•			d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	: - 2023. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances test	: - 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

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Schedule A (Form 990) 2023 IBC YOUTH BOWLING, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1086081 127,900. 122,750. 516 1337247. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 772,655. 2231592. 2299836. 2473537.10472278. 2694658. organization's tax-exempt purpose 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 2354342. 2300352. 2473537.11809525. 3780739. 900,555. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1086081. 54,500. 1140581. 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 c Add lines 7a and 7b 1086081. 54,500. 1140581 10668944 Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 9 Amounts from line 6 900,555. 2354342 2300352 2473537.11809525. 3780739. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 239,897. 94,819. 239,922. 250,691. 259,932. 1085261. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 239,897. 94.819. 239,922. 250,691. 259,932. 1085261. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 27,089. 29,059. 56,148. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 14,142. 5,686. 19,163. 8,419. 7,682. 55,092. assets (Explain in Part VI.) 4034778. 1001060. 2613427. 2588521. 2768240.1 3006026. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 82.03 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 78.71 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 8.34 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 7.52 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notΧ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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IBC YOUTH BOWLING, INC.

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Yes No

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

Section A. All Supporting Organizations

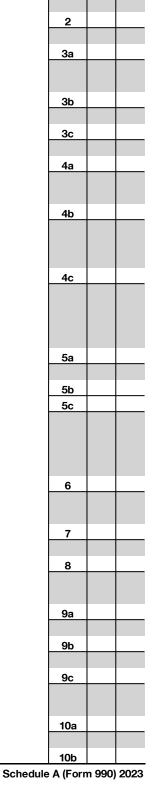
Part IV Supporting Organizations

Schedule A (Form 990) 2023

- 1 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Sche	dule A (Form 990) 2023 IBC YOUTH BOWLING, INC. 47-1	70598	7 Pa	age 5
Pa	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sec</u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type i Supporting Organizations		Vee	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	Yes	No
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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			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 on line 2, above, did the organization's supported organizations have a	2		
	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a supermental entity.			
с 2	L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	nstruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	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. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	· · · · · · · · · · · · · · · · · · ·			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Зb		

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Schedule A (Form 990) 2023

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Sche	IBC YOUTH BOWLING, INC.			47-1705987 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ı Orgaı	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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		
е	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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 IBC YOUTH BOW			4	7-1705987	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	I	
Sect	ion D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2022 Excess from 2023					
e						

Schedule A (Form 990) 2023

47-1705987 Page 8 IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2023 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2019 AMOUNT: \$	14,142.	
2020 AMOUNT: \$	5,686.	
2021 AMOUNT: \$	19,163.	
2022 AMOUNT: \$	8,419.	
2023 AMOUNT: \$	7,682.	
332028 12-21-23	Schedule A (Form 990	1) 202

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		Suppleme	ental Financial St	tatements		OMB No. 1545-0047
SCHEDUL (Form 990)			organization answered "Yes			2023
		Part IV, line 6, 7, 8,	9, 10, 11a, 11b, 11c, 11d, 11e	e, 11f, 12a, or 12b.		Open to Public
Department of the Trea nternal Revenue Servio		Go to www.irs.gov/Fo	Attach to Form 990. rm990 for instructions and th	ne latest information.		Inspection
Name of the org	anization				Emp	loyer identification number
		IBC YOUTH BOWLIN				47-1705987
		S Maintaining Donor Ad ered "Yes" on Form 990, Part	vised Funds or Other S	imilar Funds or A	ccoun	ts. Complete if the
orga	anization answ	ered res on Form 990, Part	(a) Donor advise	d funde	(b) Eup	ds and other accounts
 Total number 	or of and of ve				(D) Fund	
		ear butions to (during year)				
		s from (during year)				
		f year				
			rs in writing that the assets he	ld in donor advised fur	nds	
are the org	anization's pro	perty, subject to the organizat	ion's exclusive legal control?			Yes 🗌 No
			nor advisors in writing that gra			
for charitat	ole purposes a	nd not for the benefit of the do	nor or donor advisor, or for an	y other purpose confe	rring	
	ble private ben	nefit?				Yes No
Part II Co	nservation	Easements. Complete if t	he organization answered "Yes	s" on Form 990, Part I\	V, line 7.	
		on easements held by the orga		-		
		d for public use (for example, r	ecreation or education)	Preservation of a his		
	ection of natura			Preservation of a cer	tified his	toric structure
	ervation of ope	•				
		h 2d if the organization held a	qualified conservation contribu	ution in the form of a c		Held at the End of the Tax Year
day of the						HEIU AL LIE EILU OF LIE TAX TEAT
					2a	
	-		ia atruatura includad an lina 20		2b	
			ic structure included on line 2a		2c	
			acquired after July 25, 2006, a	and not		
UT a HISLUI					24	
			ad released extinguished or t		2d	during the tax
3 Number of			ed, released, extinguished, or to			during the tax
3 Number of year	conservation e	easements modified, transferre –	ed, released, extinguished, or to			during the tax
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Pa	t III Organizations Maintaining C								contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following that	make sigr	nificant ı	use of its			
	collection items (check all that apply).		. —								
a	Public exhibition	C			change progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit or							_	٦.,		٦
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange					<u></u>			Yes		No
Fai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the	organizatio	n answered "Y	res" on Fo	orm 990,	Part IV, II	ne 9, or		
	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other ass	sets not in	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							·····			
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial accou	unt liability	/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds Complete if										
		(a) Current year	(b) F	Prior year	(c) Two years	s back (c	d) Three y	/ears back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	% %									
С		, -									
20	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	•	tion the	t are hold a	ad administory	ad for the					
Ja	organization by:	ssion of the organiza		at are neiù ai						Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	V, line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o			t or other	. ,	cumulate	ed	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	depr	reciation				
1a	Land										
	Buildings										
	Leasehold improvements				0 (1 1		<u> </u>	41			
	Equipment				8,641.		8,64		20	0 0	0.
	Other				0,383.		11,43			<u>8,9</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, column	<u>(B))</u>					8,9	
								Schedule	u (⊦orr) ע	n 990)	2023

332052 09-28-23

Schedule D (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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Sche	IBC YOUTH BOWLING, INC.			47-3	1705987	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn		U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	3,121,	091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	354,313.			
b	Donated services and use of facilities	. 2b	18,880.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	34,517.			
е	Add lines 2a through 2d			2e	407,	710.
3	Subtract line 2e from line 1			3	2,713,	381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,713,	381.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 802	R 00
1	Total expenses and losses per audited financial statements					/ 4 8
2				1	3,723,	190.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	3,143,	190.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	18,880.		3,123,	190.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			3,143,	190.
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	18,880.		3,123,	
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,880.			
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	18,880.	2e	53,	397.
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,880.			397.
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	18,880.	2e	53,	397.
b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	18,880.	2e	53,	397.
b c d 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	18,880.	2e	53,	397.
b c d 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	18,880.	2e 3 4c	<u>53</u> , 3,670,	<u>397.</u> 401. 0.
b c d 3 4 a 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,880.	2e 3	53,	<u>397.</u> 401. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

34,517.

34,517.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

332054 09-28-23

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	nd Individua	Is in the Uni on Form 990, Pa	ted States		20	1545-0047 23	
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form a.gov/Form990 for		ation.			to Public ection	
Name of the organization		DOMI TNO		-				Employer identificat	ion number 705987	
Part I General In	IBC YOUTH BOWLING, INC. eneral Information on Grants and Assistance									
1 Does the organiza	ation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			
criteria used to av	ward the grants or assis	stance?						X Yes	🗌 No	
2 Describe in Part I	V the organization's pro	ocedures for monite	oring the use of grant	funds in the United	d States.					
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

/ · –						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
DEXTER ALL AMERICAN SCHOLARSHIPS	10	10,000.	0.			
JUNIOR GOLD SCHOLARSHIPS	1514	473,156.	0.			
SURVIVOR SCHOLARSHIPS	201	51,427.	0.			
YOUTH OPEN SCHOLARSHIPS	942	80,155.	0.			

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

PART I, LINE 2:

EACH SCHOLARSHIP HAS ITS OWN CRITERIA FOR SELECTING THE WINNERS. THE

CRITERIA ARE POSTED ON THE WEBSITE AND APPLICATIONS ARE JUDGED AGAINST THAT

CRITERIA.

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SCHEDUL	Compensation Information	ON	1B No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7	,
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ)
Department of the		-	oen to		ic
Internal Revenue S	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the o	-	mployer identif			nber
	IBC YOUTH BOWLING, INC.	47-1705	<u>98:</u>	/	
Part I 0	uestions Regarding Compensation		— – – – – – – – – – – – – – – – – – – –		
de Obserlation		_ ا		Yes	No
	e appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	U,			
	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	-class or charter travel Housing allowance or residence for personal el for companions Payments for business use of personal reside				
	el for companions Payments for business use of personal reside indemnification and gross-up payments Health or social club dues or initiation fees	ence			
	retionary spending account Personal services (such as maid, chauffeur, o	chef)			
b If any of	he boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	rganization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1.5		
	and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
			_		
3 Indicate	which, if any, of the following the organization used to establish the compensation of the organization's				
	cutive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	compensation of the CEO/Executive Director, but explain in Part III.				
	pensation committee Written employment contract				
	pendent compensation consultant				
	n 990 of other organizations	mittee			
4 During t	e year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organiza	ion or a related organization:				
a Receive	a severance payment or change-of-control payment?		4a		X
b Participa	e in or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participa	e in or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes"	o any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For pers	ns listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
-	nt on the revenues of:				
	nization?		5a		X
b Any rela	ed organization?		5b		X
If "Yes"	n line 5a or 5b, describe in Part III.				
	ns listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
•	nt on the net earnings of:				
	nization?		6a		X
	ed organization?	·····	6b		X
	n line 6a or 6b, describe in Part III.				
-	ns listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
	ibed on lines 5 and 6? If "Yes," describe in Part III	·····	7		X
	amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		_		77
		····· -	8		X
	n line 8, did the organization also follow the rebuttable presumption procedure described in				
	ns section 53.4958-6(c)?		9		
For Paperwo	k Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	1 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHAD MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	357,301.	63,272.	0.	14,913.	39,914.	475,400.	0.
(2) FRANK DESOCIO	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	291,671.	83,300.	13,000.	11,600.	13,886.	413,457.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

47-1705987

Schedule J (Form 990) 2023	IBC YOUTH BOWLING, INC.	47-1705987	Page
Part III Supplemental Informat			
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and f	or Part II. Also complete this part for any additional information.	

Schedule J (Form 990) 2023

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047						
Name of the organization IBC YOUTH BOWLING, INC. Employer identification number 47-1705987							
FORM 990, PAR ATHLETES.	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:					

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS HAD TWO MEMBERS SINCE INCEPTION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR AND FINANCE DIRECTOR REVIEW TAX RETURN PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MANAGING DIRECTORS, EXECUTIVES, BOARD AND COMMITTEE MEMBERS MUST SIGN

OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINISTRATION FOR FURTHER REVIEW

FORM 990, PART VI, SECTION B, LINE 15A:

ALL OTHER COMPENSATION IS DIRECTED BY THE VOTING MEMBERS

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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FORM 990, PART IX, LINE 11G, OTHER FEES:

SPEAKER FEES:

PROGRAM SERVICE EXPENSES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

07340828 131839 A351522

2023.04020 IBC YOUTH BOWLING, INC.

15,450.

Schedule O (Form 990) 2023 Name of the organization IBC YOUTH BOWLING, INC.	Employer identification number 47-1705987
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,450.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	120,829.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	120,829.
CONSULTING:	
PROGRAM SERVICE EXPENSES	343,622.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	343,622.
PHOTOGRAPHY & A/V PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	310,638.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	310,638.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	790,539.

332212 11-14-23

Schedule O (Form 990) 2023

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.																
Name of the organization	IBC YOUTH BOWL		Instructions and the latest	information.		Employe	ridentifi 17059										
Part I Identification	of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.													
	(a) is, and EIN (if applicable) sregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) ome End-of-year	assets	sets Direct co		ts Direct contro entity		ets Direct cont		ets Direct cont		ts Direct controllin)
		-															
	of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related	d tax-exe	mpt									
Name,	(a) address, and EIN ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		ect controlling con entity er		olled ity?								
NITED STATES BOWLI 21 SIX FLAGS DR RLINGTON, TX 7601	NG CONGRESS - 20-1224922	TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING	TEXAS	501(C)(3)		N/A		Yes	N X								
BOWLING PROPRIETORS	ASSOCIATION OF AMERICA -	TO PROMOTE THE SPORT OF BOWLING	TEXAS	501(C)(6)		N/A			x								

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Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

47-1705987 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a particles inplotting the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
										+	
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	tion b)(13) rolled tity?		
		country)				400010		Yes	No		
]										

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)			Σ
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)	1d		2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
S Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(</u> 6)			

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023			BOWLING,	III.		47-1705987	Faye J
Part VII Supplemental Info							
Provide additional inform	nation for I	responses t	o questions on Sc	hedule R. See instru	ctions.		
332165 09-28-23						Schedule R (Form	990) 202
				7			

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	rksheet) (and	IN(Tax e foi	C. on Unrelat r Tax-Exem restment Income for	ed Business pt Organizat Private Foundations) o the Internal Revenue	FORM 990-		2024
1	Unrelated business taxable income expected in the tax	year				1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits		5				
6	Subtract line 5 from line 4	6					
7	Other taxes		7				
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments	U U					
					2,826.		
C	2024 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c		•			10c	2,840.
			(a)	(b)	(c)		(d)
11	Installment due dates	11					12/16/24
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12					2,840.
13	2023 Overpayment	13					2,183.
14	Payment due (Subtract line 13 from line 12)	14					657. Form 990-W

ESTIMATED TAX	2,840.
OVERPAYMENT APPLIED	2,183.
AMOUNT DUE	657.

323801 04-01-23

DocuSign Envelope ID: 4C94492A-E09A-433D-9311-F85A3AD4000D

Form 8879-TE	IRS E-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
Form OOT 9-1L		20 0000
	For calendar year 2023, or fiscal year beginning, 2023, and ending, Do not send to the IRS. Keep for your records.	²⁰ — 2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN
IBC YO	UTH BOWLING, INC.	47-1705987
Name and title of officer or pe	rson subject to tax CHAD MURPHY PRESIDENT	
Part I Type of	Return and Return Information	
Form 5330 filers may ente or 10a below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from dollars and cents. For all other forms, enter whole dollars only. If you check the box on lib bunt on that line for the return being filed with this form was blank, then leave line 1b, 2b, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete more
1a Form 990 check h		
2a Form 990-EZ che		
3a Form 1120-POL		
4a Form 990-PF che		
5a Form 8868 check 6a Form 990-T chec		6b 2.826.
7a Form 4720 check		7h
8a Form 5227 check		
9a Form 5330 check		
10a Form 8038-CP ch		
Part II Declarat	ion and Signature Authorization of Officer or Person Subject to Tax	
acknowledgement of recei of any refund. If applicable entry to the financial institu- financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only X I authorize CL as my signature with a state age on the return's of As an officer or	ter, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rept or reason for rejection of the transmission, (b) the reason for any delay in processing the law to reason for rejection of the transmission, (b) the reason for any delay in processing the law to reason for rejection of the transmission, (b) the reason for any delay in processing the law to reason for account indicated in the tax preparation software for payment of the federal taxes on the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial prior to the payment (settlement) date. I also authorize the financial institutions involved in e confidential information necessary to answer inquiries and resolve issues related to the other (PIN) as my signature for the electronic return and, if applicable, the consent to electronic to the tax year 2023 electronically filed return. If I have indicated within this return that a necy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen.	he return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a ronic funds withdrawal. enter my PIN <u>41791</u> Enter five numbers, but do not enter all zeros copy of the return is being filed rementioned ERO to enter my PIN tax year 2023 electronically filed
IRS Fed/State p	rogram, Fight driver my PIN on the return's disclosure consent screen.	Date 8/30/2024
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification	
number (EFIN) followed by	your five-digit self-selected PIN. 39864741791 Do not enter all zeros	
-	neric entry is my PIN, which is my signature on the 2023 electronically filed return indicate cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for A	
ERO's signature LAC	EY SILBERNAGEL, CPA Date 08/	28/24
	ERO Must Retain This Form - See Instructions	
	Do Not Submit This Form to the IRS Unless Requested To Do S	
For Privacy Act and Pape	rwork Reduction Act Notice, see instructions.	Form 8879-TE (2023)
LHA 302521 01-05-24	39	

07340828 131839 A351522

2023.04020 IBC YOUTH BOWLING, INC. A3515221

621 SIX FLAGS DRIVE

ARLINGTON, TX

Number, street, and room or suite no. If a P.O. box, see instructions.

76011

File by the due date for filing your

return. See

instructions.

Form 8 (Rev. Janu	zation ns	OMB No. 1545-0047							
Department o Internal Rever									
Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.									
Caution: Instruction	, ,	to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 84	153-TE and Form	8879-TE for payment					
•	•	to file an income tax return other than Form 990-T (including 1120-C filers), partnership request an extension of time to file income tax returns.	s, REMICs, and	trusts					
Part I - Identification									
Type or Print	Name of exe	empt organization, employer, or other filer, see instructions.	a, employer, or other filer, see instructions. Taxpayer identification number (
	IBC YO	-1705987							

Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Return Application Is For Code

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name			
	Plan Number			
	Plan Year Ending (MM/DD/YYYY)			
Part II	II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
Th	he books are in the care of ERIC KAMMLAH			
	621 SIX FLAGS DRIVE - ARLINGTON, TX 76011			
Te	elephone No. (817)385-8296 Fax No			
● lft	the organization does not have an office or place of business in the United States, check this box			
	this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			
box				
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the			
	the organization named above. The extension is for the organization's return for:			
	X calendar year 20 23 or			
	tax year beginning, 20, and ending			. 20
	, tak, joan 20gmming, to, to, and onamig			,
2	If the tax year entered in line 1 is for less than 12 months, check reason:	retur	n	
-	Change in accounting period	Totan		
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
ou	any nonrefundable credits. See instructions.	3a	\$	4,400.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	00	Ψ	
5	estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$	2,400.
•	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	50	Ψ	2,100.
U	using EETPS (Electronic Eederal Tax Payment System). See instructions.	3c	\$	2,000.
	USITU FETEO TERUTUTU FEURIALTAX FAVILIETI OVSTETIL. ORE ITSTUUTUTS.	- D G		4,000

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

07

Return

Code

Form	990-T	E	E>	xe	m	۱p	t (Dr														Тах	(Ret	tur	n	L	OMB	No. 15	45-0	047
									(;	anc	d b	rox	(y t	ax	un	deı	r se	ction	603	33(e	e))						0			
		For ca	alen	ndar	-				-		-	-									_						Z	<u>.</u> 02	2,	5
Departm Internal I	ent of the Treasury Revenue Service	I	Do	0 no [.]						-								ons an e public					ation. is a 501(c)(3).		C E	Open to 1 501(c)(3)	Public I Organi	nspe zatio	ection for ons Only
Α	Check box if address changed.		N	Nam	1e o	f or	ganiz	zatio	n (] C	heck	(box	if n	ame	cha	anged	and se	e inst	tructi	ons.)				D	Empl	loyer ide	ntificat	ion r	number
	mpt under section	Print	1	IB	C	Y	<u>0U</u>	TH	I	301	WL	IN	IG,]	INC	с.											7-1'			
	501(c)(3) 408(e) 220(e)	or Type											no. lf		.0. b	0X, 9	see ir	nstructi	ons.						E		ip exemp instruction		imbe	er
	408A 530(a)			-					-							or f	foreig	n posta	l cod	е										
	529(a) 529A	• -	-						-				60							<u> </u>	27	,47	0		F			ck bo		
G C	neck organization t	C Bo					<u>all a</u>) cor				<u>nd c</u> [of ye				-		401(a)				, 4 / Other]_Sta		an ai college			<u>return.</u> itv
u 01	leek organization i	ype						-			able	ent		1(0)	uuc			40 I (u)	100			Ourior	truot		_ 0.	210 0	Jonege	ann v	010	ity
H Cł	neck if filing only to	o claim	n			7	redit								Refu	und	sho	wn on	Form	1243	9 [E	lective p	bayme	ent a	ιποι	unt fro	m Fo	rm (3800
I Cł	neck if a 501(c)(3)	organiz	zati	tion	filir	ng a	<u>a co</u>	nso	lida	ited	ret	urn	with	n a 5	501(c)(2	?) title	holdin	g co	rpora	ation					<u></u>	<u></u>			
	nter the number of																	<u></u>								_1	<u> </u>			
	uring the tax year,				-					-					-		or a	parent	subs	sidia	у со	ntrolle	ed group	?			Yes	X	N	NO
-	"Yes," enter the na ne books are in car						-					arer	it co	orpo	oratio	on				т	alan	hono r	number		(8)	17) 385	5-8	20	16
Parl												roo	ne							- 1	elep	IUIIEI	lumber		(0.	<u> </u>	/ 50.	0		/0
1	Total of unrelated	busine	ness	ss ta	axa	ble	inco	ome	со	mpi	uter	d frc	om a	ll ur	nrela	ated	d trac	les or l	ousin	esse	es (se	e inst	ructions	S)		1		14	,4	159.
2	Reserved																				` 					2				
3	Add lines 1 and 2																									3		14	,4	159.
4	Charitable contrib	outions	s (s	see	ins	truc	ctior	าร fo	or li	mita	atior	n ru	les)													4				0.
5	Total unrelated b											-	-	-												5		14	,4	159.
6	Deduction for net																									6				
7	Total of unrelated			_							-															_		1 /		
•	Subtract line 6 fro																									7		14	<u>, 4</u>	<u>159.</u>)00.
8	Specific deduction																									8 9			, (.000
9 10	Trusts. Section 1																									9 10		1	(000.
11	Total deductions Unrelated busine																									11				159.
-	II Tax Com					<u>, on</u>	101	546	trat	<u> </u>		0 11	0111					io groc		nan		, onto	2010			<u></u>			/ -	
1	Organizations ta	xable	as	s co	orp	ora	tion	s. I	۸uŀ	tiply	/ Pa	art I,	line	11	by 2	21%	6 (0.2	1)								1		2	, 8	326.
2	Trusts taxable a																			amo	unt	on								
	Part I, line 11, fro	m: 🗌] Ta	ax r	rate	sch	ıedı	le (or	[Sc	hed	lule	D (F	Form	1041)								2				
3	Proxy tax. See in																									3				
4	Other tax amount																									4				
5	Alternative minim																									5				
6	Tax on noncomp																									6		2	6	326.
7 Part	Total. Add lines 3					ne	1 Or	2,1	wni	cne	ver	app	lles					<u></u>								7		2	, (520.
1a	Foreign tax credit	-				atta	ach '	Forr	n 1	118	: tri	usts	atta	ach	For	m 1	116)			1	a									
b	Other credits (see																			1										
с	General business	credit.	t. A	Atta	ch															1	c									
d	Credit for prior-ye																				d									
е	Total credits. Ad	d lines	s 1a	1a th	າroເ	ugh	1d																			1e				
2	Subtract line 1e f	rom Pa	art	t II,∣	line	7																				2		2	, 8	326.
3a	Amount due from								••••											3					-					
b	Amount due from								••••											3	_				-					
C A	Amount due from																			3					-					
d	Amount due from						、 、													3										
e f	Other amounts du Total amounts du	•																		·					- ا	3f				0.
4	Total tax. Add lin																								F					~•
-	section 1294. E																									4		2	, 8	326.
5	Current net 965 t																									5				0.
LHA	For Paperwork R	eductio	ion	n Ao	rt N	loti	ce,	see	ins	stru	ctic	ons.	3	2370													Forn	1 99)-T	(2023)
																41	-													

2023.04020 IBC YOUTH BOWLING, INC. A3515221

Form 9	90-T (2023)					F	age 2
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	6a	1,190.				
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b	1,819.				
с	Tax deposited with Form 8868	6c	2,000.				
d	Foreign organizations: Tax paid or withheld at source (see instructions)						
е	Backup withholding (see instructions)	6e					
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Elective payment election amount from Form 3800	6g					
h	Payment from Form 2439						
i	Credit from Form 4136						
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j			7		5,0	09.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		2,1	83.
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		.83. Refunded	11			0.
Part	IV Statements Regarding Certain Activities and Other Informa	i tion (s	ee instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signa	ture or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	ation may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name	of the foreign country				
	here						X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, o	or transferor to, a				
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not	t include	any post-2017 NOL ca	rryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	/ any ded	uction reported on Par	t I, line 6	6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL ca	arryovers. Don't reduce)			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	or the tax	year. See instructions				
	Business Activity Code	Av	ailable post-2017 NOL	carryov	/er		
		\$					
		\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use						
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign 🧹	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules ar taxpayer) is based on all information of which pre-	d statements, and to the parer has any knowledg	e best of my knowle e.	dge and belief, it is true,
Here	Chad Murphy Signetistic actives.	B/30/2024 PRESI Date Title	DENT	th	lay the IRS discuss this return with he preparer shown below (see ustructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	LACEY SILBERNAGEL,	LACEY SILBERNAGEL,		self-employed	
Preparer	. CPA	СРА	08/28/24		P01245590
Use Only		NALLEN LLP		Firm's EIN	41-0746749
	100 MARITI	ME DRIVE, SUITE 2B			
	Firm's address MANITOWOC ,	WI 54220		Phone no.	20-684-5500
					Form 990-T (2023)

323711 11-20-23

42 2023.04020 IBC YOUTH BOWLING, INC. A3515221

1 SCHEDULE A OMB No. 1545-0047 **Unrelated Business Taxable Income** (Form 990-T) From an Unrelated Trade or Business Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Α Name of the organization IBC YOUTH BOWLING, INC. 47-1705987 541800 1 D Sequence: 1 Unrelated business activity code (see instructions) of Describe the unrelated trade or business ONLINE ADVERTISING Е Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c С Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) 9 27,089. 10,276. 16,813. Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 27,089. 10,276. 16,813. **Total.** Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Bad debts 5 Interest (attach statement). See instructions 5 1,1546 Taxes and licenses 6

7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	SEE S	FATEMENT 1	14	1,200.
15	Total deductions. Add lines 1 through 14			15	2,354.
16	Unrelated business income before net operating loss deduction. Subtract column (C)	t line 15 from Part I,	line 13,	16	14,459.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	14,459.
For	Paperwork Reduction Act Notice, see instructions.			chedule	A (Form 990-T) 2023

Sched	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part			-		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See inst	tructions.	
	B				
	D			•	
•	Deather stimulation of the	Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
_	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
2	Total rents received or accrued. Add line 2c. columns	through D. Enter here	and on Part I line 6	column (A)	0.
3	Total rents received or accrued. Add line 2c, columns /	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income	A through D. Enter here	and on Part I, line 6,	column (A)	0.
3 4		A through D. Enter here	and on Part I, line 6,	column (A)	0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I,			0.
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, d	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C C	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A D Gross income from or allocable to debt-financed	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A D Gross income from or allocable to debt-financed property	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C G Gross income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 1 2 3 a b c 4	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) heck if a dual-use. Se B	c	D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B	c	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B B	c C	D %
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B B	c C	D
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or B B	A	line 6, column (B) heck if a dual-use. Se B B	c C	D %
4 5 7 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	A Neter here and on Part I, ee instructions) city, state, ZIP code). C A A Second Second	line 6, column (B) heck if a dual-use. Se B B 't I, line 7, column (A)	c	0. 0.
4 5 7 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or B B	A A Comparent of the second se	line 6, column (B) heck if a dual-use. Se B B 't I, line 7, column (A)	c C C C C C C C C C C C C C C C C C C C	0. 0.

2023.04020 IBC YOUTH BOWLING, INC. A3515221

									1
Sched Part	ule A (Form 990-T) 2023 VI Interest. Annu	ities, Royalties, and R	ents Fro	m Contro	lled O	rganization	s (see instruc	tions)	Page 3
	•••	,,,,,,,				-	led Organization	,	
	1. Name of controlle	d 2. Employer	3. Net	unrelated		al of specified	5. Part of colu		Deductions directly
	organization	organization identification		income (loss) payme			nents made that is included controlling org		connected with
		number	(see ins	structions)			tion's gross in		income in column 5
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>									
	7. Taxable Income	8. Net unrelated		Controlled Or otal of specif			of column 9	11 0	eductions directly
		income (loss)		yments mad			luded in the		onnected with
		(see instructions)		,	-		organization's income		ome in column 10
(1)						grooo			
(2)									
(3)									
(4)									
							ns 5 and 10.		columns 6 and 11.
							and on Part I, olumn (A).		here and on Part I, e 8, column (B).
Totals			·····	0) (4.7)	<u></u>		0.		0.
Part		ncome of a Section 50)1(C)(7), (ee instructions)		
	1. Desc	cription of income		2. Amou incon		3. Deduction directly connected and the second seco		-asides tatement)	5. Total deductions and set-asides
						(attach stater		atomony	(add cols 3 and 4)
(1)									
(2)									
(3)									
(4)									
				Add amou					Add amounts in
				column 2.					column 5. Enter here and on Part I,
				line 9, colu					line 9, column (B).
Totals					0.	-			0.
Part		xempt Activity Income		Than Adve	ertising	g Income (see instructions)	
1		ed activity: ONLINE ADV							07 000
2		ess income from trade or busi						2	27,089.
3		nected with production of unr							10,276.
4		unrelated trade or business.						3	10,270.
4		i unrelated trade or business.						4	16,813.
5	•	tivity that is not unrelated bus						5	0.
6		to income entered on line 5						6	0.
7		ses. Subtract line 5 from line 6							
		Part II, line 12						7	0.

Schedule A (Form 990-T) 2023

ıSign Eı	nvelope ID: 4C94492A-E09A-433D-9311-F85A	3AD4000D				1
Schod	ule A (Form 990-T) 2023					⊥ Page 4
Part						Tage T
1	Name(s) of periodical(s). Check box if reportin	na two or mo	re periodicals on a	consolidated basis	S.	
	A	.g				
	B					
	c					
	D					
Enter a	amounts for each periodical listed above in the	correspondi	na column			
LINCIA	amounts for each periodical listed above in the		A	В	С	D
2	Gross advertising income		<u> </u>			
2	e		1 column (A)			0.
-	Add columns A through D. Enter here and or	Part I, line I	1, column (A)			
a	B					
3	Direct advertising costs by periodical					0.
а	Add columns A through D. Enter here and or	Part I, line 1	1, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
0						
	deduction. For each column showing a gain					
_	line 4, enter the lesser of line 4 or line 7		l'			
а	Add line 8, columns A through D. Enter the g	reater of the	line 8a columns tota	al or -U- nere and c	n	0.
Part	V Compensation of Officers, Di	raatara a	nd Tructoco			υ.
Fait	Compensation of Onicers, D	eciors, a		ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
<u>(4)</u>					%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

323732 01-19-24

Schedule A (Form 990-T) 2023 46 2023.04020 IBC YOUTH BOWLING, INC. A3515221

0.

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IBC	YOUTH	BOWLING,	INC.
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47 - 1705987

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		1,200.
TOTAL TO SCHEDULE A, PAR	r II, LINE 14	1,200.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 2 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING SERVICES EXPENSE - SUBTOTAL -	- 1	10,276.	10,276.
TOTAL OF FORM 990-T, SCHEDULE A, PART V	III, COLUMN	3	10,276.

EXTENSION PAYMENT

▼	cut here 🔻	
Use this form only if yo Person to contact regarding payment:	ur taxable year begins in 2023 ERIC KAMMLAH	Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028
	This estimated tax payment X 2023 calendar year Fiscal year beginning Short taxable year beginning	
NG, INC. RIVE State ZIP Code TX 76011	Payments are due by the 15 months of the taxable year a by the 15th day of the 4th m	th day of the 4th, 6th, 9th, and 12th and, for corporations receiving extensions, nonth after the end of the taxable year. beginning in April, the first estimated tax ayment \$ 800
	Wisconsin Corporation Use this form only if yo Person to contact regarding payment: Phone number: MG, INC. RIVE State ZIP Code	X 2023 calendar year Fiscal year beginning Short taxable year beginning Payments are due by the 15 months of the taxable year beginning to the 4th m RIVE State ZIP Code

Please do not staple your payment to this voucher.

Schedule A Computation of Estimated Tax and Economic Development Surcharge					(A) Original Computation	(B) Amended Computation	
1 Amount of total estimated net income expected in taxable year that begins in 2024						14613	
2 Percentage of lir	ne 1 attribu	utable to Wisconsin				100.0000	
3 Amount of estim	nated net ir	ncome attributable to	Wisconsin (multiply	line 1 by line 2)		14613	
4 Franchise or inc	ome tax (fo	or corporations, 7.9%	of income on line 3	; trusts use trust rate	es)	1154	
5 Total estimated	credits						
6 Net franchise or	income ta	x (subtract line 5 fror	n line 4)			1154	
7 Economic develop	ment surch	arge (3% of line 4 for C	corporations; S corpo			<i>′</i>	
8 Total estimated	tax and ec	onomic development	t surcharge (add line	s 6 and 7) **	1,160) 1154	
Schedule B	Compu	utation of Install	ments Due		Installme	ent Number	
1 Enter in columns	1 through 4	the installment due date	es that correspond to	1	2	3	4
the 15th day of the	e 4th, 6th, 9	th, and 12th months of	the taxable year. *				12162024
2 If 4 installments a	re due, ente	r in each col. 1/4 of Sch	nedule A, line 8, col. A.				
If less than 4 insta	allments are	due, see instructions u	nder "When to Pay."				892
3 Enter any overpay	ment from y	our 2023 Form 4, 4T, 5	5S, or 6 (apply first				
to col. 1 and carry	any unused	l balance to col. 2, then	col. 3, etc.).				648
4 Installment amo	unt (subtra	act line 3 from line 2).	. Enter here and on				
installment vouc							244
Schedule C	Compu	utation of Amen	ded Installment	s Due			
1 Enter amended	estimated	tax and economic de	evelopment surcharg	ge from Schedule A,	line 8, column B		
2 Enter: <u>a Amo</u>	ount of over	payment from 2023 For	m 4, 4T, 5S, or 6 offset	t against installments p	aid to date	a	
b Ame	ount of pay	ments made to date	9)	
3 Total of paymen	nts and cre	dits claimed to date	(add line 2a and line	2b)			
4 Unpaid balance	(subtract	ine 3 from line 1)		I	1		
5 Enter the due date	es of remain	ing installments due (fr	om Schedule B, In. 1)				
6 To determine th	e portion o	of line 4 to enter for e	each remaining				
installment, see	instruction	ns under "Amended I	Installments"				
7 Enter the balance of 2023 overpayment - total overpayment credited from 2023 Form 4, 4T, 5S, or 6 less amount entered on line 2a above (apply first to next installment due and carry any unused balance to the next installment due, etc.)							
8 Amended instal	8 Amended installments due (subtract line 7 from line 6)						
Schedule D	Record	d of Payments					Total
1 2023 overpaym	ent from F	orm 4, 4T, 5S, or 6					
2 Date paid							
3 Amount paid			+	+	+	+	=
4 Total 2024 payr	nents (add	line 1 and line 3)					

Keep Schedules A Through D for Your Records ** ADJUSTED AMOUNT

*Exception: For fiscal years beginning in April, the first estimated tax due date is the 15th day of the 3rd month of the taxable year (June 15th). * EXTENSION ESTIMATE AMOUNT PAID 268.

ССН	Wisconsin Corporation Est	imated Tax Voucher	Make check payable to and mail to
2024	Use this form only if your taxab	le year begins in 2024	Wisconsin Department of Revenue
Form Corp-ES	Person to contact regarding payment:	PO Box 3028 Milwaukee WI 53201-3028	
	Phone number:		
		This estimated tax payment	is for:
Federal Employer ID Number		2024 calendar year	
		Fiscal year beginning	
Entity Name		Short taxable year beg	inning
		ending	
			th day of the 4th, 6th, 9th, and 12th
Number and Street		by the 15th day of the 4th m Exception: For fiscal years b	nd, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax
City	State ZIP Code	payment is due June 15.	
		Amount of Pa	vment \$

ССН	Wisconsin Corporation Est	imated Tax Voucher	Make check payable to and mail to
2024	Use this form only if your taxab	le year begins in 2024	Wisconsin Department of Revenue
Form Corp-ES	Person to contact regarding payment:	PO Box 3028 Milwaukee WI 53201-3028	
	Phone number:		
		This estimated tax payment	is for:
Federal Employer ID Number		2024 calendar year	
		Fiscal year beginning	
Entity Name		Short taxable year beg	inning
		ending	
			th day of the 4th, 6th, 9th, and 12th
Number and Street		by the 15th day of the 4th m Exception: For fiscal years b	nd, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax
City	State ZIP Code	payment is due June 15.	
		Amount of Pa	vment \$

ССН	Wisconsin Corporation Est	imated Tax Voucher	Make check payable to and mail to
2024	Use this form only if your taxab	le year begins in 2024	Wisconsin Department of Revenue
Form Corp-ES	Person to contact regarding payment:	PO Box 3028 Milwaukee WI 53201-3028	
	Phone number:		
		This estimated tax payment	is for:
Federal Employer ID Number		2024 calendar year	
		Fiscal year beginning	
Entity Name		Short taxable year beg	inning
		ending	
			th day of the 4th, 6th, 9th, and 12th
Number and Street		by the 15th day of the 4th m Exception: For fiscal years b	nd, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax
City	State ZIP Code	payment is due June 15.	
		Amount of Pa	vment \$

387542 10-11-23	▼	cut here 🔻	
ссн 2024	•	on Estimated Tax Voucher our taxable year begins in 2024	Make check payable to and mail to: Wisconsin Department of Revenue
Form Corp-ES	Person to contact regarding payment: Phone number:	8173858296	PO Box 3028 Milwaukee WI 53201-3028
Federal Employer ID Number 47 1705987		This estimated tax payment X 2024 calendar year Fiscal year beginning	<u> </u>
Entity Name		Short taxable year beg ending	inning
IBC YOUTH BOWL Number and Street 621 SIX FLAGS	DRIVE	months of the taxable year a by the 15th day of the 4th m	th day of the 4th, 6th, 9th, and 12th ind, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax
City ARLINGTON Please do not staple your payment	State ZIP Code TX 76011	Amount of Pa	yment \$244

Please do not staple your payment to this voucher.

	Form 4T	Wisconsin Exempt Organiza Business Franchise or Income Tax Return	ition	L		2023				
	For calendar year 2	For calendar year 2023 or tax year beginning 01 01 2023 and ending 12 31 2023								
	Complete form usin	ng BLACK INK. Due Date: 15th da	ay of 5th month (4t	h month for certain trusts	and IRAs) following	close of taxable year.				
	Exempt Organization	n Name BOWLING, INC.								
BIND	Number and Street	LAGS DRIVE				Suite Number				
OR	City ARLINGTON		State TX	ZIP (+ 4 digit suffix if known) 76011	A Federal Employ 47 1705					
		cable and attach explanation:		s Activity (NAICS) Code	C State of Organi					
STAPLE		Irn (Include Schedule AR)	<u>54180</u>		State in b	or eviation of ox, or if a puntry, enter				
NOT S		new corporation or entering Wisconsin4- corporation dissolved or withdrew5			below.					
B	Check 🛩 if applica	able and see instructions:]					
	E X If you have an ex	tension of time to file, enter extended due date	<u>12 16 2</u> MM DD YY							
	F If you have relate	ed entity expenses and are required to file Schedule RT	with this return							
	G If you changed y	our organization name								
	H Internal Revenue	Service adjustments became final during the year								
		 Internal Revenue Service adjustments became final during the year Enter years adjusted 								
	I Check / type of organization: J Name of Trustee if Taxable as Trust									
	1 X Corporation	2 Trust - due 4th month 3 Trust	- due 5th month							
	ENT	TER NEGATIVE NUMBERS LIKE THIS	-1000 <u>NOT</u>	LIKE THIS (1000)	NO	COMMAS; NO CENTS				
	-	ble as Corporations (Trusts do not fill ir								
		ness taxable income (from federal Form 9		<u> 13459 .</u> 1154 .						
	2 Additions (from	Part 1, Page 3)	2	1104.						
	3 Add lines 1 and	12		3	14613.					
		rom Part 2, Page 3)								
here	<u>5</u> Total net nonap	oportionable unrelated business taxable in	Form N, line 8)							
order	6 Subtract lines	and 5 from line 3. This is apportionable	unrelated business	s taxable income	6	14613.				
y or		ortionment percentage. Enter the apportion	7	100.0000 %						
or money	lf 100% apporti	ionment, check (${}^{{\prime}}$) the space after the a	<u>X</u>							
orn	If using separat	te accounting, check (🛩) the space after	►							
Jeck		by line 7		14613.						
CLIP check	<u>9</u> Wisconsin net r	nonapportionable unrelated business tax	(from Form N, line 9)		<u> </u>					
2 CL	10 Combine lines	8 and 9. This is Wisconsin unrelated busi	ness taxable incon	ne (loss)	10	14613.				
PAPER (79) of amount on line 10. This is gross ta								
PA	12 Nonrefundable	credits (from Schedule CR)			12	0.				
	13 Subtract line 12	2 from line 11. If line 12 is greater than lin	e 11, enter zero (0)). This is net tax	13	1154 .				
	-	ble as Trusts (Corporations do not fill in	-							
		ness taxable income (from federal Form 9 720)			14					
		720) Part 1, Page 3)								
	16 Add lines 14	od 15			16					
		nd 15 rom Part 2, Page 3)				<u> </u>				
		7 from line 16. This is Wisconsin unrelated								
	19 Tax from tax ta	ble on amount on line 18. This is gross ta	ax		19	•				

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202	3 Form 4T				Page 2 of 3
<u>20</u>	Nonrefundable credits (from Schedule CR)			20	- age 2 010
<u>21</u>	Net income tax paid to other states				•
<u>22</u>	Add lines 20 and 21				•
<u>23</u>	Subtract line 22 from line 19. If line 22 is greater than line				
<u>24</u>	Tax from line 13 or 23		1154 .		
25	Economic development surcharge (see instructions)			25	
26	Endangered resources donation (decreases refund or inc				
27	Veterans trust fund donation (decreases refund or increa				
<u>28</u>	Add lines 24 through 27				1154 .
<u>29</u>	Estimated tax payments less refund from Form 4466W				
<u>30</u>	Wisconsin tax withheld				
<u>31</u>	Refundable credits (from Schedule CR)			<u> </u>	
32	Amended Return Only - amount previously paid	20			
<u>33</u>	Add lines 29 through 32		1	802.	
<u>34</u>	Amended Return Only - amount previously refunded				
35	Subtract line 34 from 33				1802.
_					
<u>36</u>	Interest, penalty, and late fee due (from Form U line 17 o	r 26, or Schedule U, line	15 or 29).		
	If you annualized income on Form U or Schedule U, check	ck (🛩) the space after th	e arrow	▶ <u>36</u>	
<u>37</u>	Amount due. If the total of lines 28 and 36 is larger than	line 35, subtract line 35	from the total		
	of lines 28 and 36				· · · · · · · · · · · · · · · · · · ·
<u>38</u>	Overpayment. If line 35 is larger than the total of lines 24				<i>c</i> 1 0
	28 and 36 from line 35				648.
<u>39</u>	Enter amount of line 38 you want credited on 2024 estim	nated tax 39		<u>648 .</u>	
40	Subtract line 39 from line 38. This is your refund			40	
<u>40</u> 41	Enter total gross receipts from all unrelated trade or busi				0 1 0 0 0
<u> </u>				······································	
Ad	ditional Information Required				
1	Person to contact concerning this return: _ ERIC KA	AMMLAH		173858296	5 Fax #:
	City and state where books and records are located for a		NGTON, T	X	
3	Are you the sole owner of any limited liability companies (LLCs)? Yes	X No If yes	s, complete Sche	dule DE and include with this
	return. Did you include the incomes of these entities in thi	is return? Yes	No		
	Did you purchase any taxable tangible personal property				
	of a state sales or use tax? Yes X No			See instructions	for how to report use tax.
	(You will not be liable for Wisconsin use tax if you hold a \		xempt Status.)		
5	List the locations of your Wisconsin operations: NON	<u>6</u>			
	Do you want to allow another person to discuss thi	is return with the department		es Complete the fo	ollowing. No
Thi	rd Do you want to allow another person to discuss the	is return with the department			
Pa		Ph	one Number 🔻	Pers	sonal Identification Number (PIN)
De	signee Designee's LACEY SILBERNAGE	<u>92068455</u>	500	4	45590
Unc	er penalties of law, I declare that this return and all attachr	ments are true correct or	nd complete to th	e hest of my know	vledge and belief
	gnature of Officer or Trustee	Title		C DESLOT THY KITO	Date
		PRESIDENT			
P	eparer's Signature	Preparer's Federal Emple	oyer ID Number		Date
	LACEY SILBERNAGEL, CPA	41 0746749	-		08 28 2024

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2023	3 Form 4T			Page 3 of 3
Par	t 1 - Additions:			
1	Interest income (less related expenses) from state and municipal obl	1	-	
2	State and local franchise or income taxes			
<u>3</u>	Capital gain/loss adjustment			•
4	Federal net operating loss carryover			-
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or	5К-1)		-
<u>6</u>	Reserved for future use		•	
<u>7</u>	Transitional adjustments		7	-
8	Credit computed (see instructions):			
	<u>a</u> Business development credit			
	b Community rehabilitation program credit	8b	<u> </u>	
	<u>c</u> Development zones credits	8c	<u> </u>	
	<u>d</u> Economic development tax credit	8d	<u> </u>	
	e Electronics and information technology manufacturing			
	zone credit			
	<u>f</u> Employee college savings account contribution credit	oi	<u> </u>	
	g Enterprise zone jobs credit	8g	<u>.</u>	
	h Farmland preservation credit	8h	<u> </u>	
	i Jobs tax credit	8i	<u> </u>	
	j Manufacturing and agriculture credit (computed in 2022)	8j	<u> </u>	
	<u>k</u> Reserved for future use	8k	<u> </u>	
	I Research expense credit	81	<u> </u>	
	<u>m</u> Reserved for future use	8m	<u> </u>	
	<u>n</u> Total credits (add lines 8a through 8m)		8n	-
9	Other additions:			
	a	9a	<u> </u>	
	b	9b	<u>.</u>	
	c			
	<u>d</u> Total other additions (add lines 9a through 9c)		9d	-
<u>10</u>	Total additions (add lines 1 through 7, 8n, and 9d and enter on p	age 1)	10	1154 .
	t 2 - Subtractions:			
<u>1</u>	Interest income (less related expenses) from United States governme			
2	Capital gain/loss adjustment		2	-
<u>3</u>	Wisconsin net operating loss carryforward			
<u>4</u>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-	1, 3K-1, or 5K-1)		•
<u>5</u>	Income from related entities whose expenses were disallowed (obta			
	related entity and submit with your return)			
<u>6</u>	Transitional adjustments			
7	Other subtractions:			
	a			
	b	7b	<u> </u>	
	c	7c		
	d Total other subtractions (add lines 7a through 7c)			-
8	Total subtractions (Add lines 1 through 6 and 7d and enter on pa	ige 1)		



Form 8 (Rev. Janu	zation ns	OMB No. 1545-0047				
Department of the Treasury File a separate application for each return. Internal Revenue Service Go to www.irs.gov/Form8868 for the latest information.						
Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.						
Caution: If	, ,	to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 84	53-TE and Form 8	879-TE for payment		
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.						
Part I - Identification						
Type or	Name of exe	empt organization, employer, or other filer, see instructions.	Taxpayer identific	cation number (TIN)		
Print	ІВС УО	UTH BOWLING, INC.	47-	1705987		

File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 621 SIX FLAGS DRIVE							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, TX 76011							
Enter the F	Return Code for the return that this application is for (file	e a separat	e application for each return)	01				
Application Is For			Application Is For	Return				
		Code		Code				
Form 990 or Form 990-EZ			Form 4720 (other than individual)	09				
Form 4720) (individual)	03	Form 5227	10				
Form 990-	PF	04	Form 6069	11				
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870	12				
Form 990-T (trust other than above)			Form 5330 (individual)	13				
Form 990-T (corporation)			Form 5330 (other than individual)	14				
Form 1041-A								

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name						
	Plan Number						
	Plan Year Ending (MM/DD/YYYY)						
Part I	- Automatic Extension of Time To File for Exempt Organizations (see instructions)						
Tł	e books are in the care of ERIC KAMMLAH						
	621 SIX FLAGS DRIVE - ARLINGTON, TX 76011						
Τe	lephone No. (817) 385-8296 Fax No.						
• If	he organization does not have an office or place of business in the United States, check this box						
	his is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)				this		
box	If it is for part of the group, check this box and attach a list with the names and TINs of all						
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for						
	the organization named above. The extension is for the organization's return for:						
	X calendar year 20 23 or						
	tax year beginning, 20, and ending			. 20			
2	If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	n				
-	Change in accounting period	arrotar					
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	1					
Ja	any nonrefundable credits. See instructions.	3a	\$		0.		
h		Joa	Ф		••		
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	0	•		0.		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0.		
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				0		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$		Ο.		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File by the

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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. OMB No. 1545-0047

AI	For th	ne 2023 calendar year, or tax year beginning	and e	nding			
Β	Check if applicat	f C Name of organization			D Employer identif	ication number	
	Addr chan	IBC YOUTH BOWLING, INC.					
	 	e			47-1705987		
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address)	R	loom/suite	E Telephone numbe	er	
	Final	n/ 021 012 1000 DRIVD			800-343-	1329	
	termi ated	· · · · · · · · · · · · · · · · · · ·	е		G Gross receipts \$	3,268,240.	
	returi				H(a) Is this a group i		
	Appli tion pend	F Name and address of principal officer. CITAD MORTHY			for subordinate		
SAME AS C ABOVE H(b) Are all subordinates included? Yes N							
			(a)(1) or	527		a list. See instructions	
	<u>Webs</u>				H(c) Group exemption		
	orm c art l	of organization: X Corporation Trust Association Other		L Year (of formation: 2014	M State of legal domicile: WI	
	1	Briefly describe the organization's mission or most significant activities: PR	ROVT	DE BE	SOURCES AND	EDUCATION	
e	'	TO PROVIDE A SAFE, POSITIVE, AND FUN EI					
Governance	2	Check this box if the organization discontinued its operations or d					
ver	3		•		3	1	
	4	Number of independent voting members of the governing body (Part VI, line					
ې د	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				8	
/itie	6	Total number of volunteers (estimate if necessary)				150	
Activities &	7 a	a Total unrelated business revenue from Part VIII, column (C), line 12					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
					Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)			516.		
en	9	Program service revenue (Part VIII, line 2g)			2,292,258.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			65,020.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>201,605</u> . 2,559,399.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			561,090.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			542,887.	-	
Expenses	16a				0.		
ben	b	 Total fundraising expenses (Part IX, column (D), line 25) 		0.	• •		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,912,683.	2,373,560.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				3,670,401.	
	19	Revenue less expenses. Subtract line 18 from line 12		-457,261.	-957,020.		
OL OL	2			Be	ginning of Current Year	End of Year	
Net Assets (20	Total assets (Part X, line 16)			3,655,080.		
it As	21	Total liabilities (Part X, line 26)			801,395.		
		Net assets or fund balances. Subtract line 21 from line 20			2,853,685.	2,250,978.	
	art II						
Und	er pen	nalties of perjury, I declare that I have examined this return, including accompanying sch signed by: ect, and complete. Declaration of preparer (other than officer) is based on all information	nedules a	and stateme	nts, and to the best of m	ly knowledge and belief, it is	
true	, corre	Ct, and complete. Declaration of preparer (other than officer) is based on an information		in preparer			
Sig	_ l	Signatupe 45 of tiger.			<u>8/30/20</u> Date)24	
Her		CHAD MURPHY, PRESIDENT					
TICI	e	Type or print name and title					
		Print/Type preparer's name Preparer's signature		0	Date Check	PTIN	
Paid LACEY SILBERNAGEL, CPA LACEY SILBERNAGEL, C08/29/24 sett-employed P0124							
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP				1-0746749	
Use	Only	Firm's address 100 MARITIME DRIVE, SUITE 2B					
		MANITOWOC, WI 54220			Phone no.92	<u>20-684-5500</u>	
-		IRS discuss this return with the preparer shown above? See instructions				X Yes No	
LH/			32001 12-2			Form 990 (2023)	
	5	SEE SCHEDULE O FOR ORGANIZATION MISSION	STA	TEMEN	T CONTINUAT	L'TON	

Form	1990 (2023) IBC YOUTH BOWLING, INC. 47-1705987 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE RESOURCES AND EDUCATION THAT INSPIRE OTHERS TO PROVIDE A SAFE,
	POSITIVE AND FUN ENVIRONMENT FOR ATHLETES OF ALL AGES AND SKILL
	LEVELS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$244,255including grants of \$0.) (Revenue \$771,222)
4a	(Code:) (Expenses \$ 244,255. including grants of \$ 0.) (Revenue \$ 771,222.) MEMBERSHIP SERVICES - IN EXCHANGE FOR MEMBERSHIPS, IBC YOUTH SUPPORTS
	THE SPORT OF BOWLING AND CELEBRATES THE PAST WHILE ENSURING THE FUTURE.
	MEMBERS ALSO RECEIVE DISCOUNTS WITH VARIOUS ORGANIZATIONS.
4b	(Code:) (Expenses \$ 2,217,636. including grants of \$ 614,738.) (Revenue \$ 1,456,568.) TOURNAMENTS - IBC YOUTH WILL ORGANIZE YOUTH TOURNAMENTS WHERE YOUTH CAN
	COMPETE FOR SCHOLARSHIPS AND OTHER PRIZES. THESE TOURNAMENTS WILL BE
	CONTROLLED BY UNITED STATES BOWLING CONGRESS RULES AND REGULATIONS GOVERNING THE SPORT OF BOWLING.
	GOVERNING THE SPORT OF BOWLING.
4c	(Code:) (Expenses \$
	PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP
<u> </u>	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3,348,419.
4e	Total program service expenses 3,348,419. Form 990 (2023)
332002	2 12-21-23

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3 2023.04020 IBC YOUTH BOWLING, INC. A3515221

	990 (2023) IBC YOUTH BOWLING, INC. 47-170 t IV Checklist of Required Schedules
Fai	Checklist of Required Schedules
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
~	If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective test of the section for th
_	during the tax year? If "Yes," complete Schedule C, Part II
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
-	Schedule D, Part III
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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments
	or in quasi-endowments? If "Yes," complete Schedule D, Part V
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
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
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
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines
	1c and 8a? If "Yes," complete Schedule G, Part II
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."

Х 19 complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II х 21 Form 990 (2023)

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4 2023.04020 IBC YOUTH BOWLING, INC.

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Form	<u>990 (2023)</u> IBC YOUTH BOWLING, INC. 47-17	05987	Γ	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	──
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	──
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
L.	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	··· —		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
32	Did the organization refutate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
r al				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Ver	
1.0	Enter the number reported in her 3 of Form 1006. Enter 0 if not applicable	45	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	—		
U	(gambling) winnings to prize winners?		x	
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	5			()

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	n 990 (2023) IBC YOUTH BOWLING, INC. 47-	<u>17059</u>	87	P	_{age} 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	8			
b			2b	Х	
3a		Г	3a	Х	
		···· ·	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	····· F			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
h	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		- E	5a		x
b			5b		x
			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid				
Ua			6a		x
h	any contributions that were not tax deductible as charitable contributions?	·····	ua		
D			Ch		
-	were not tax deductible?	····· -	6b		
7	Organizations that may receive deductible contributions under section 170(c).	novor0	7-		x
a		Г	7a 71		
b		······ -	7b		<u> </u>
С	5 , 5, 1 51 11,		_		v
	to file Form 8282?	····· -	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				v
е		······	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X X
g		···· ⊢	7g		<u> </u>
h	5	38-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		····· Γ	9a		<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,	····· -	9b		
10	Section 501(c)(7) organizations. Enter:				
а					
b					
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b					
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	F	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	3				
	organization is licensed to issue qualified health plans				
С					
14a		L	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	L	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	L	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	L	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		
	If "Yes," complete Form 6069.				
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6		6	Х	
о 7а				
1a		7-	х	
	more members of the governing body?	7a	Δ	
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			- -
~	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
c				
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	~	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	id financ	cial	
-	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
n n	ERIC KAMMLAH - (817)385-8296			
20				
20	621 SIX FLAGS DRIVE, ARLINGTON, TX 76011			

Form 990 (2023)	IBC YOUTH BOWLING, INC.	47-1705987 Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated
Employ	ees, and Independent Contractors	
Check if S	Schedule O contains a response or note to any line in this Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employee	S
 List all of the org 	e for all persons required to be listed. Report compensation for the calendar yea ganization's current officers, directors, trustees (whether individuals or organiza)), (E), and (F) if no compensation was paid.	, s
	ganization's current key employees, if any. See the instructions for definition of	, . , . , . , . , . , . , . , . , . , .

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal ti		loyee	e com		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHAD MURPHY	line)	lnc	lus	H0	, Ke	e <u>F</u>	For			
PRESIDENT	40.00	х		x				0.	420,573.	54,827.
(2) FRANK DESOCIO	2.00							0.	420,373.	54,027.
VICE PRESIDENT	40.00	х		x				0.	387,971.	25,486.
(3) GARY BROWN	40.00			- 23					507,571	23,400.
MANAGING DIRECTOR OF IBC YOUTH DEVEL	0.00	1		x				100,426.	0.	36,690.
(4) MELISSA MCDANIEL	2.00									
DIRECTOR	4.50	х						0.	0.	0.
(5) KEVIN KRAUSS	2.00									
DIRECTOR	12.50	x						0.	0.	0.
		1								
		1								
					<u> </u>					
					-	-				
		-								
					-	-				
		1								
		1								
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Par	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unles	ss per	ition more rson i:	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	
	Subtotal								100,426.	808,54	4. 117,003.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 100,426.		0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1
3	Did the organization list any former officer,				•	•		Ŭ	• •		Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services	
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	•	•							•	ensation from
	the organization. Report compensation for t (A) Name and business			ndin DNE		<u>ith c</u>	or wit	hin:	<u>the organization's tax y</u> (B) Description of s		(C) Compensation
					-						
2	Total number of independent contractors (ir	•	ot lin	nitec	l to i	thos		ted	above) who received mo	ore than	
	\$100,000 of compensation from the organiz	ation				<u> </u>	,				Form 990 (2023)

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		71ÌI	2023) IBC YOUTH Statement of Revenue					47-1705	987 Page 9
			Check if Schedule O contains a re	sponse	or note to any lin	e 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	1	а	Federated campaigns	a					
no				b					
Αŭ			e						
ilar				ld					
Sig			5 ()	le					
er (t	All other contributions, gifts, grants, and similar amounts not included above						
		a		lf Ig \$					
and		-	Total. Add lines 1a-1f	9					
					Business Code				
Ņ	2	а	TOURNAMENT FEES			1,456,568.			
Revenue			MEMBERSHIP DUES		713990	771,222.	771,222.		
enu		с	SPONSORSHIP INCOME		713990	232,032.	204,943.	27,089.	
e v		d							
2		e ,							
-			All other program service revenue Total. Add lines 2a-2f			2,459,822.			
	3	9	Investment income (including dividence						
	-					66,512.			66,512.
	4		Income from investment of tax-exemp						
	5		Royalties			193,420.			193,420.
			(i) I	Real	(ii) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7			urities	(ii) Other				
	'		assets other than inventory $7a500$,						
			Less: cost or other basis						
e			and sales expenses 76 520,	342.					
venue			Gain or (loss)						
			Net gain or (loss)	<u></u>		-20,342.			-20,342.
Other Re	8		Gross income from fundraising events (no						
ð			including \$						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses		1				
			Net income or (loss) from fundraising a Gross income from gaming activities.						
	Ĵ	-	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activ						
	10	а	Gross sales of inventory, less returns						
			and allowances		40,804.				
			Less: cost of goods sold	·····	34,517.	C 000	6 007		
-+		С	Net income or (loss) from sales of inve	ntory	Business Code	6,287.	6,287.		
sn	11	~	MISCELLANEOUS		900099	7,682.	7,682.		
ant	• •	a b				7,002•	,,002.		
ella		c							
miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d			7,682.			
	12		Total revenue. See instructions			2,713,381.	2,446,702.	27,089.	239,590.
			23						Form 990 (2023

Form 990 (2023) IBC YOUTH BOWLING, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

~	Check if Schedule O contains a respons	(A)	(B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	614,738.	614,738.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	137,116.	91,868.	45,248.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	110 750	200 560	120 100	
7	Other salaries and wages	418,758.	280,568.	138,190.	
8	Pension plan accruals and contributions (include	8,723.	5,844.	2,879.	
0	section 401(k) and 403(b) employer contributions)	81,854.	54,842.	2,879.	
9	Other employee benefits	35,652.	23,887.	11,765.	
0 1		55,052.	23,007.	11,705.	
	Fees for services (nonemployees): Management				
a b		278.		278.	
	F	24,038.		24,038.	
c d		21/0301		21/0301	
e					
f		6,089.		6,089.	
' g		0,0000			
9	column (A), amount, list line 11g expenses on Sch 0.)	790,539.	790,539.		
2	Advertising and promotion	101,034.	101,034.		
3	Office expenses	216,412.	202,897.	13,515.	
4	Information technology	39,471.		39,471.	
5	Royalties				
6	Occupancy				
7	Travel	399,466.	399,466.		
8	Payments of travel or entertainment expenses		,		
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	91,483.	91,483.		
3	Insurance	1,854.		1,854.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		373,882.	373,882.		
b		242,666.	236,469.	6,197.	
с		70,799.	65,353.	5,446.	
d	MEMBERSHIP EXPENSES	15,372.	15,372.		
е	All other expenses	177.	177.		
5	Total functional expenses. Add lines 1 through 24e	3,670,401.	3,348,419.	321,982.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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IBC YOUTH BOWLING, INC. 47-1705987 Page 11 Form 990 (2023) 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 654,603. 185,600. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 6,576. 1,511. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 37,801. 55,301. 8 Inventories for sale or use 8 86,339. 70,065. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____**10**a 649,024. basis. Complete Part VI of Schedule D 320,080. 420,428. 328,944. b Less: accumulated depreciation 10b 10c 2,470,672. 2,364,718. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 3,655,080. 3,027,478. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 84,497. 48,434. Accounts payable and accrued expenses 17 17 18 18 Grants payable 716,898. 728,066. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 801,395. 776,500. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,853,685. 27 2,250,978. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,250,978.

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32

33

2,853,685.

3,655,080.

32

33

Form	1990 (2023) IBC YOUTH BOWLING, INC.	47-	1705987	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,713		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,670		
3	Revenue less expenses. Subtract line 2 from line 1	3	-957		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,853		
5	Net unrealized gains (losses) on investments	5	354	.,31	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,250),9'	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				I
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				. –
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

(Form 9	of the Treasury	Co	omplete if the organ 494 At	rity Status an hization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru rm 990-E	anization (st. Z.	or a section		OMB No. 1545-0047 2023 Open to Public Inspection
						identification number			
							7-1705987		
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 									
4	A medical res	-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5			or the benefit of a col Complete Part II.)	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
6		-	-	nental unit described in					
7	•		lly receives a substai omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	Dublic described in
8	-			(1)(A)(vi). (Complete Part	: II.)				
9 🛄	-	-		in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
10 X	university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ns membersh	in fees and	d gross receipts from
	-			t to certain exceptions; a				-	•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11 🗌			mplete Part III.)	volu to tost for public sat	inty Soo	soction 5()Q(a)(4)		
12				vely to test for public sat vely for the benefit of, to				rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	_	•	• •	upervised, or controlled				-	giving
	the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b			-	or controlled in connect			-		-
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
c			t complete Part IV, a grated. A supporting	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
). You must complete F				.,	,
d 🗌		-	• · ·	oorting organization oper				•	.,
				ation generally must sati				an attentiv	veness
e		-		nplete Part IV, Sections written determination from				II Type III	
		•		nally integrated supportir			турст, турс	n, rype m	
f Ent	er the number	-							
			about the supporte						
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
Total									

		BC YOUTH					5987 Page 2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	i)
	(Complete only if you checke			-	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	ise complete Part	III.)			
Sec	tion A. Public Support	•				.	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ū	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.						
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
		(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(1) TOLAI
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the						
0	organization, check this box and sto						
_	tion C. Computation of Publi						
14	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the	•			d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	: - 2023. If the org	panization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances test	: - 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

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Schedule A (Form 990) 2023 IBC YOUTH BOWLING, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1086081 127,900. 122,750. 516 1337247. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 772,655. 2231592. 2299836. 2473537.10472278. 2694658. organization's tax-exempt purpose 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 2354342. 2300352. 2473537.11809525. 3780739. 900,555. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1086081. 54,500. 1140581. 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 c Add lines 7a and 7b 1086081. 54,500. 1140581 10668944 Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 900,555. 2354342 2300352 2473537.11809525. 9 Amounts from line 6 3780739. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 239,897. 94,819. 239,922. 250,691. 259,932. 1085261. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 239,897. 94.819. 239,922. 250,691. 259,932. 1085261. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 27,089. 29,059. 56,148. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 14,142. 5,686. 19,163. 8,419. 7,682. 55,092. assets (Explain in Part VI.) 4034778. 1001060. 2613427. 2588521. 2768240.1 3006026. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 82.03 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 78.71 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 8.34 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 7.52 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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IBC YOUTH BOWLING, INC.

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Yes No

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

Section A. All Supporting Organizations

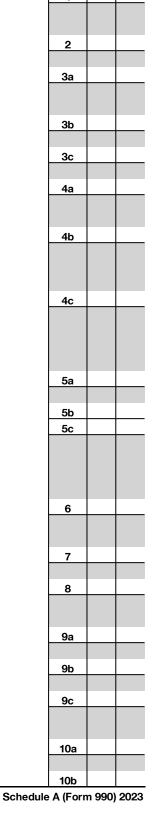
Part IV Supporting Organizations

Schedule A (Form 990) 2023

- 1 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Sche	dule A (Form 990) 2023 IBC YOUTH BOWLING, INC. 47-1	70598	7 Pa	age 5
Pa	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sec</u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type i Supporting Organizations		Vee	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	Yes	No
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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			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 on line 2, above, did the organization's supported organizations have a	2		
	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a supermental entity.			
с 2	L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	nstruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	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. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	· · · · · · · · · · · · · · · · · · ·			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Зb		

Schedule A (Form 990) 2023

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Sche	IBC YOUTH BOWLING, INC.			47-1705987 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ı Orgaı	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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		
е	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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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_	dule A (Form 990) 2023 IBC YOUTH BOW			4	7-1705987	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	I	
Sect	ion D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	;	3			
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2022 Excess from 2023					
e						

Schedule A (Form 990) 2023

47-170<u>5987 Page 8</u> IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2023 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2019 AMOUNT: \$	14,142.	
2020 AMOUNT: \$	5,686.	
2021 AMOUNT: \$	19,163.	
2022 AMOUNT: \$	8,419.	
2023 AMOUNT: \$	7,682.	
332028 12-21-23	Schedule A (Form 99) 90) 202

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SCHEDULE D	Supplement	al Financial St	atements		OMB No. 1545-0047
Form 990)	Complete if the orga	anization answered "Yes	" on Form 990,		2023
epartment of the Treasury		0, 11a, 11b, 11c, 11d, 11e Attach to Form 990.			Open to Public
ternal Revenue Service	Go to www.irs.gov/Form9	90 for instructions and th	e latest information.		Inspection
ame of the organizat	IBC YOUTH BOWLING,	TNC.		Emp	ployer identification number 47-1705987
Part I Organiz	ations Maintaining Donor Advise		imilar Funds or A		
	on answered "Yes" on Form 990, Part IV, li				
		(a) Donor advise	d funds	(b) Fun	ids and other accounts
1 Total number at e	nd of year				
	of contributions to (during year)				
	of grants from (during year)				
4 Aggregate value	at end of year				
-	on inform all donors and donor advisors in	-			
	on's property, subject to the organization's				Yes No
•	on inform all grantees, donors, and donor	• •		•	
	poses and not for the benefit of the donor			-	
impermissible pri Part II Conserv					Yes No
	vation Easements. Complete if the o		s" on Form 990, Part I	v, line 7.	
	servation easements held by the organizat		Duccountion of a bia		inconstant land over
	n of land for public use (for example, recreated and the second	ation or education)	Preservation of a his		
	of natural habitat		Preservation of a cer	rtified his	storic structure
	n of open space a through 2d if the organization held a qual	ified conservation contribu	ition in the form of a c	onconvo	tion accoment on the last
day of the tax yea					Held at the End of the Tax Year
				2a	
				2a 2b	
-	rvation easements on a certified historic st				
	rvation easements included on line 2c acqu				
		anoa artor oary 20, 2000, c			
on a historic stru	cture listed in the National Register			2d	
	cture listed in the National Register			2d nization	during the tax
3 Number of conse	cture listed in the National Register rvation easements modified, transferred, re				during the tax
Number of conse year	rvation easements modified, transferred, re	eleased, extinguished, or to			during the tax
 Number of conserved year Number of states 	rvation easements modified, transferred, re where property subject to conservation ea	eleased, extinguished, or to asement is located	erminated by the orga		during the tax
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Sche		TH BOWLING						47-17			age 2
Par	t III Organizations Maintaining C								contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	make sig	nificant ı	use of its			
	collection items (check all that apply).			1.							
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit of								٦.,		٦
Dor	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the	e organization	n answered "א	Yes" on F	orm 990,	Part IV, li	ne 9, or		
10	Is the organization an agent, trustee, custodia		tion fo	r contribution	e or other as	sots pot i	neludad				
Id		•							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							······ ∟			
D D			lowing	lable.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						.v?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planati	on has been	provided in P	art XIII					
Par	t V Endowment Funds Complete if	the organization and	swered	"Yes" on For	rm 990, Part l	V, line 10					
		(a) Current year	(b)	Prior year	(c) Two year	rs back ((d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	lg, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion th	at are held a	nd administer	ed for the	9		1		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wment	tunds.							
I UI	Complete if the organization answered) Part I	V line 11a S	See Form 990	Part X li	ine 10				
	Description of property	(a) Cost or o			t or other		cumulate	ad I		k volu	
	Description of property	basis (investr			(other)	• •	reciation	eu	(d) Boo	k valu	e
19	Land	· · ·		240/0							
	LandBuildings										
	Leasehold improvements										
	Equipment				8,641.		8,6	41.			0.
	Other			64	0,383.	3	11,4		32	8,9	
	. Add lines 1a through 1e. (Column (d) must en		X line							<u>8,9</u>	
		<u>quair onn 000, r all</u>			<i>بر</i> ع،			Schedule		-	

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Schedule D (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

I otal. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

47-1705987 Page 3

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Sche	IBC YOUTH BOWLING, INC.			47-3	1705987	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn		U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	3,121,	091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	354,313.			
b	Donated services and use of facilities	. 2b	18,880.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	34,517.			
е	Add lines 2a through 2d			2e	407,	710.
3	Subtract line 2e from line 1			3	2,713,	381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,713,	381.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 802	R 00
1	Total expenses and losses per audited financial statements					/ 4 8
2				1	3,723,	190.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	3,143,	190.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	18,880.		3,123,	190.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			3,143,	190.
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	18,880.		3,123,	
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,880.			
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	18,880.	2e	53,	397.
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	18,880.			397.
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	18,880.	2e	53,	397.
b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	18,880.	2e	53,	397.
b c d 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	18,880.	2e	53,	397.
b c d 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	18,880.	2e 3 4c	<u>53</u> , 3,670,	<u>397.</u> 401. 0.
b c d 3 4 a 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	18,880.	2e 3	53,	<u>397.</u> 401. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

34,517.

34,517.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

332054 09-28-23

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	nd Individua	Is in the Uni on Form 990, Pa	ted States		20	1545-0047 23	
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form a.gov/Form990 for		ation.			to Public ection	
Name of the organization		DOMI TNO		-				Employer identificat	ion number 705987	
IBC YOUTH BOWLING, INC. 47-17 Part I General Information on Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to av	ward the grants or assis	stance?						X Yes	🗌 No	
2 Describe in Part I	V the organization's pro	ocedures for monite	oring the use of grant	funds in the United	d States.					
	d Other Assistance to lat received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any		
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

/ · –						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
DEXTER ALL AMERICAN SCHOLARSHIPS	10	10,000.	0.			
JUNIOR GOLD SCHOLARSHIPS	1514	473,156.	0.			
SURVIVOR SCHOLARSHIPS	201	51,427.	0.			
YOUTH OPEN SCHOLARSHIPS	942	80,155.	0.			

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

PART I, LINE 2:

EACH SCHOLARSHIP HAS ITS OWN CRITERIA FOR SELECTING THE WINNERS. THE

CRITERIA ARE POSTED ON THE WEBSITE AND APPLICATIONS ARE JUDGED AGAINST THAT

CRITERIA.

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SCHEDU	CHEDULE J Compensation Information							
(Form 99		20	ากว)				
	Compensated Employees	20	J2 3)				
Department of th	Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		to Pub					
Internal Revenue	Go to www.irs.gov/Form990 for instructions and the latest information.		ection					
Name of the		mployer identifica		mber				
	IBC YOUTH BOWLING, INC.	47-170598	37					
Part I	Questions Regarding Compensation			T				
			Yes	No				
	he appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,						
	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	st-class or charter travel Housing allowance or residence for personal							
	vel for companions Payments for business use of personal reside	ence						
	k indemnification and gross-up payments	obof)						
	cretionary spending account Personal services (such as maid, chauffeur, c	uner)						
b If any c	the bayes on line to are checked, did the organization follow a written policy recording payment or							
-	the boxes on line 1a are checked, did the organization follow a written policy regarding payment or sement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
	organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
llusiee		·····						
3 Indicat	which, if any, of the following the organization used to establish the compensation of the organization's							
	ecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to						
	n compensation of the CEO/Executive Director, but explain in Part III.							
	mpensation committee Written employment contract							
	ependent compensation consultant							
	m 990 of other organizations Approval by the board or compensation com	Imittee						
4 During	he year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	ation or a related organization:							
a Receiv	a severance payment or change-of-control payment?	4a		X				
b Particip	ate in or receive payment from a supplemental nonqualified retirement plan?	4b		X				
c Particip	ate in or receive payment from an equity-based compensation arrangement?	4c		X				
If "Yes	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Only s	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For per	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
conting	ent on the revenues of:							
a The org	anization?	<u>5</u> a	_	X				
b Any rel	ted organization?	<u>5</u> b		X				
	on line 5a or 5b, describe in Part III.							
6 For per	ons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
conting	ent on the net earnings of:							
	anization?		_	X				
b Any rel	ted organization?	<u>6b</u>	-	X				
	on line 6a or 6b, describe in Part III.							
	ons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	cribed on lines 5 and 6? If "Yes," describe in Part III	7		X				
	y amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
				X				
	on line 8, did the organization also follow the rebuttable presumption procedure described in							
	ons section 53.4958-6(c)?							
For Paperw	ork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2023				

LHA 332111 11-06-23

Schedule J (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHAD MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	357,301.	63,272.	0.	14,913.	39,914.	475,400.	0.
(2) FRANK DESOCIO	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	291,671.	83,300.	13,000.	11,600.	13,886.	413,457.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

47-1705987

Schedule J (Form 990) 2023	IBC YOUTH BOWLING, INC.	47-1705987	Page
Part III Supplemental Informat			
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and f	or Part II. Also complete this part for any additional information.	

Schedule J (Form 990) 2023

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	OMB No. 1545-0047				
Name of the organization	identification number 705987					
FORM 990, PAR ATHLETES.	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:				

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS HAD TWO MEMBERS SINCE INCEPTION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR AND FINANCE DIRECTOR REVIEW TAX RETURN PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MANAGING DIRECTORS, EXECUTIVES, BOARD AND COMMITTEE MEMBERS MUST SIGN

OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINISTRATION FOR FURTHER REVIEW

FORM 990, PART VI, SECTION B, LINE 15A:

ALL OTHER COMPENSATION IS DIRECTED BY THE VOTING MEMBERS

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

31

FORM 990, PART IX, LINE 11G, OTHER FEES:

SPEAKER FEES:

PROGRAM SERVICE EXPENSES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

10260829 131839 A351522

15,450.

Schedule O (Form 990) 2023

FUNDRAISING EXPENSES TOTAL EXPENSES 15,45 OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 120,82 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 120,82 CONSULTING: PROGRAM SERVICE EXPENSES 120,82 CONSULTING: PROGRAM SERVICE EXPENSES 120,82 CONSULTING: PROGRAM SERVICE EXPENSES 120,82 OTHER PROFESSIONAL FEES: PHOTOGRAPHY & A/V PROFESSIONAL FEES: PHOTOGRAPHY & A/V PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES S10,63 MANAGEMENT AND GENERAL EXPENSES	Schedule O (Form 990) 2023 Name of the organization IBC YOUTH BOWLING, INC.	Page 2 Employer identification number 47-1705987
TOTAL EXPENSES 15,45 OTHER PROFESSIONAL FEES: 0 PROGRAM SERVICE EXPENSES 120,82 MANAGEMENT AND GENERAL EXPENSES 120,82 FUNDRAISING EXPENSES 120,82 CONSULTING: 0 PROGRAM SERVICE EXPENSES 343,62 MANAGEMENT AND GENERAL EXPENSES 343,62 MANAGEMENT AND GENERAL EXPENSES 343,62 PROGRAM SERVICE EXPENSES 343,62 PHOTOGRAPHY & A/V PROFESSIONAL FEES: 9 PROGRAM SERVICE EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES 310,63 TOTAL EXPENSES 310,63	MANAGEMENT AND GENERAL EXPENSES	0.
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PROGRAM SERVICE EXPENSES 120,82 MANAGEMENT AND GENERAL EXPENSES 120,82 FUNDRAISING EXPENSES 120,82 CONSULTING EXPENSES 120,82 CONSULTING: 120,82 PROGRAM SERVICE EXPENSES 343,62 MANAGEMENT AND GENERAL EXPENSES 343,62 FUNDRAISING EXPENSES 343,62 PHOTOGRAPHY & A/V PROFESSIONAL FEES: 343,62 PHOTOGRAPHY & A/V PROFESSIONAL FEES: 310,63 MANAGEMENT AND GENERAL EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES 310,63	OTHER DROFFSSIONAL FEES	
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MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 343,62 PHOTOGRAPHY & A/V PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 310,63	CONSULTING:	
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TOTAL EXPENSES 343,62 PHOTOGRAPHY & A/V PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 310,63	MANAGEMENT AND GENERAL EXPENSES	0.
PHOTOGRAPHY & A/V PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 310,63	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES 310,63 MANAGEMENT AND GENERAL EXPENSES 5000000000000000000000000000000000000	TOTAL EXPENSES	343,622.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 310,63	PHOTOGRAPHY & A/V PROFESSIONAL FEES:	
FUNDRAISING EXPENSES TOTAL EXPENSES 310,63	PROGRAM SERVICE EXPENSES	310,638.
TOTAL EXPENSES 310,63	MANAGEMENT AND GENERAL EXPENSES	0.
	FUNDRAISING EXPENSES	0.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 790,53	TOTAL EXPENSES	310,638.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	790,539.

332212 11-14-23

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organization	IBC YOUTH BOWL		Instructions and the latest	Information.		Employe	ridentifi 17059						
Part I Identification	of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.									
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	(e) ome End-of-year	assets	s Direct contr entity						
		-											
		tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related	d tax-exe	mpt					
Name,			(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))				ect controlling entity		irect controlling		g) 512(b)(1 rolled ity?
NITED STATES BOWLI 21 SIX FLAGS DR RLINGTON, TX 7601	NG CONGRESS - 20-1224922	TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING	TEXAS	501(C)(3)		N/A		Yes	N X				
BOWLING PROPRIETORS	ASSOCIATION OF AMERICA -	TO PROMOTE THE SPORT OF BOWLING	TEXAS	501(C)(6)		N/A			x				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

47-1705987 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	edominant income Share of total Sha related, unrelated, income end-c			ortionate tions?	amount in box 20 of Schedule	manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10		
										+			
	1												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	tion b)(13) rolled tity?	
		country)				400010		Yes	No	
]									

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)			Σ
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)	1d		2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
S Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(</u> 6)			

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2023

IBC YOUTH B	OWLING,	INC.		47-17059	87 Page 5
mation for responses to qu	Jestions on Sc	hedule R. See instruc	ctions.		
				Schedule B (F	orm 990) 202
	3	7		Conedule H (F	5 550j 202
2			VOUTH B	OWLING INC	۵ 351 '
		mation for responses to questions on Sc	nation for responses to questions on Schedule R. See instruction	mation for responses to questions on Schedule P. See instructions.	rmation nation for responses to questions on Schedule R. See instructions.

621 SIX FLAGS DRIVE

ARLINGTON, TX

Number, street, and room or suite no. If a P.O. box, see instructions.

76011

File by the due date for filing your

return. See

instructions.

Form 8 (Rev. Janu		Application for Extension of Time To File an Exempt Organiz Return or Excise Taxes Related to Employee Benefit Pla		OMB No. 1545-0047
Department o Internal Rever	of the Treasury nue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.		
listed belo request fo	ow except for F or Form 8870 n	You can electronically file Form 8868 to request up to a 6-month extension of time to f form 8870, Information Return for Transfers Associated With Certain Personal Benefit C nust be sent to the IRS in a paper format (see instructions). For more details on the elect e-file-providers/e-file-for-charities-and-non-profits.	ontracts. An exte	ension
Caution: Instruction	, ,	to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 84	153-TE and Form	8879-TE for payment
•	•	to file an income tax return other than Form 990-T (including 1120-C filers), partnership request an extension of time to file income tax returns.	s, REMICs, and	trusts
Part I - Id	entification			
Type or Print	Name of exe	empt organization, employer, or other filer, see instructions.	Taxpayer identi	fication number (TIN)
	IBC YO	UTH BOWLING, INC.	47	-1705987

Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Return Application Is For Code

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name			
	Plan Number			
	Plan Year Ending (MM/DD/YYYY)			
Part II	II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
Th	he books are in the care of ERIC KAMMLAH			
	621 SIX FLAGS DRIVE - ARLINGTON, TX 76011			
Te	elephone No. (817)385-8296 Fax No			
● lft	the organization does not have an office or place of business in the United States, check this box			
	this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			
box				
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the			
	the organization named above. The extension is for the organization's return for:			
	X calendar year 20 23 or			
	tax year beginning, 20, and ending			. 20
	, tak, joan 20gmming, to, to, and onamig			,
2	If the tax year entered in line 1 is for less than 12 months, check reason:	retur	n	
-	Change in accounting period	Totan		
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
ou	any nonrefundable credits. See instructions.	3a	\$	4,400.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	00	Ψ	
5	estimated tax payments made. Include any prior year overpayment allowed as a credit.	Зb	\$	2,400.
•	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	50	Ψ	2,100.
U	using EETPS (Electronic Eederal Tax Payment System). See instructions.	3c	\$	2,000.
	USITU FETEO TERUTUTU FEURIALTAX FAVILIETI OVSTETIL. ORE ITSTUUTUTS.	- D G		4,000

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

07

Return

Code

Form	990-T	E	Exempt Organization Business	s Income Tax Retu	ırn	OMB No. 1545-0047
			(and proxy tax under sect	ion 6033(e))		0000
		For ca	alendar year 2023 or other tax year beginning		·	2023
epartm ernal f	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions Do not enter SSN numbers on this form as it may be made p		3).	Open to Public Inspection fo 501(c)(3) Organizations Only
	Check box if address changed.		Name of organization (Check box if name changed an			ployer identification number
	mpt under section	Print				17-1705987
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instr 621 SIX FLAGS DRIVE	uctions.		oup exemption number e instructions)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign p	ostal code		
;	529(a) 529A	0.0	ARLINGTON, TX 76011 pok value of all assets at end of year	3,027,478.	┣ └_	Check box if
Cł	neck organization			1(a) trust Other trust	State	an amended return college/university
Cł	neck if filing only to	o claim	n Credit from Form 8941 Refund shown	on Form 2439 Elective pay	/ment amo	ount from Form 3800
Cł	neck if a 501(c)(3)	organiz	zation filing a consolidated return with a 501(c)(2) titleho	Iding corporation	<u></u>	
						1
Du	uring the tax year,	was th	ne corporation a subsidiary in an affiliated group or a par	rent-subsidiary controlled group?		Yes X No
			nd identifying number of the parent corporation			
			ERIC KAMMLAH	Telephone number	(817	7)385-8296
Part			ed Business Taxable Income			14 450
1			ness taxable income computed from all unrelated trades			14,459.
2						14,459
3			· · · · · · · · · · · · · · · · · · ·			14,459
4			s (see instructions for limitation rules)			14,459
5			s taxable income before net operating losses. Subtract		·····	14,439
6 7			ating loss. See instructions		0	
7	Subtract line 6 fro				7	14,459
8			e 5 nerally \$1,000, but see instructions for exceptions)		···	1,000
9			leduction. See instructions			1,000
0			lines 8 and 9			1,000.
1			xable income. Subtract line 10 from line 7. If line 10 is			13,459
Part					••	20,100
1		-	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	2,826.
2			rates. See instructions for tax computation. Income ta			·
			Tax rate schedule or Schedule D (Form 10		2	
3	Proxy tax. See in					
4	-		e instructions			
5			х			
6			facility income. See instructions			
7					7	2,826.
Part	III Tax and	Payn	nents			
1a	Foreign tax credit	(corpo	orations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see		· ····································			
С			t. Attach Form 3800 (see instructions)			
d			nimum tax (attach Form 8801 or 8827)	1d		
е	Total credits. Ac		•			0.000
2			art II, line 7	1 1	2	2,826
3a	Amount due from					
b	Amount due from					
С	Amount due from		0000			
d	Amount due from		· · · · ·			
e	Other amounts d	•	,			0
т			d lines 3a through 3e		<u>3f</u>	0.
4			and 3f (see instructions). Check if includes tax pre			2,826.
4		uuer ta	ax amount here		4	
4 5			pility paid from Form 965-A, Part II, column (k)			0.

Form 9	90-T (2023)					F	Page 2
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	6a	1,190.				
b	Current year's estimated tax payments. Check if section 643(g) election			1			
	applies	6b	1,819.				
с	Tax deposited with Form 8868	6c	2,000.				
d	Foreign organizations: Tax paid or withheld at source (see instructions)						
е	Backup withholding (see instructions)			1			
f	Credit for small employer health insurance premiums (attach Form 8941)						
g	Elective payment election amount from Form 3800						
h	Payment from Form 2439						
i	Credit from Form 4136						
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j			7		5,0	09.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		10		2,1	.83.
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		83. Refunded	11			0.
Part	IV Statements Regarding Certain Activities and Other Informat	t ion (se	e instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a signat	ure or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	tion may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ie name c	of the foreign country				
	here						X
2	During the tax year, did the organization receive a distribution from, or was it the gra	ntor of, o	r transferor to, a				
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not	include a	any post-2017 NOL car	ryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	iction reported on Part	I, line	6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL ca	rryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	or the tax	year. See instructions.			_	
	Business Activity Code	Ava	ailable post-2017 NOL	carryo	ver	_	
		\$				_	
		\$				_	
		\$				_	
		\$					
6 a	Reserved for future use						
b	Reserved for future use			<u></u>			
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct and complete. Declaration of preparer (other tha	this return, including accompanying schedules ar n taxpayer) is based on all information of which pre	nd statements, and to the parer has any knowledg	e best of my knowle je.	edge and belief, it is true,
Here	<u>Clial Murphy</u> Signature of Astricate	B/30/2024 PRESI Date Title		۲ t	May the IRS discuss this return with the preparer shown below (see nstructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	LACEY SILBERNAGEL,	LACEY SILBERNAGEL,		self-employed	
Preparer	. CPA	СРА	08/29/24		P01245590
Use Only		NALLEN LLP		Firm's EIN	41-0746749
000 0111	100 MARITI	ME DRIVE, SUITE 2B			
	Firm's address MANITOWOC ,	WI 54220		Phone no.	920-684-5500
					Form 990-T (2023)

323711 11-20-23

1 SCHEDULE A OMB No. 1545-0047 **Unrelated Business Taxable Income** (Form 990-T) From an Unrelated Trade or Business Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Α Name of the organization IBC YOUTH BOWLING, INC. 47-1705987 541800 1 D Sequence: 1 Unrelated business activity code (see instructions) of Describe the unrelated trade or business ONLINE ADVERTISING Е Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c С Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) 9 27,089. 10,276. 16,813. Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 27,089. 10,276. 16,813. **Total.** Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Bad debts 5 Interest (attach statement). See instructions 5

6	Taxes and licenses				1,154.
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return		a	8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)	SEE	STATEMENT 1	14	1,200.
15	Total deductions. Add lines 1 through 14			15	2,354.
16	Unrelated business income before net operating loss deduction. Subtract lin				
	column (C)			. 16	14,459.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				14,459.
For	Paperwork Reduction Act Notice, see instructions.			Schedule A	(Form 990-T) 2023

LHA 323741 01-19-24

Sched	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2	8	
9	Do the rules of section 263A (with respect to property				Yes No
Part			-		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See inst	tructions.	
	B				
	D			•	
•	Deather stimulation of the	Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
_	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
2	Total rents received or accrued. Add line 2c. columns	through D. Enter here	and on Part I line 6	column (A)	0.
3	Total rents received or accrued. Add line 2c, columns /	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income	A through D. Enter here	and on Part I, line 6,	column (A)	0.
3 4		A through D. Enter here	and on Part I, line 6,	column (A)	0.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I,			0.
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, d	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C C	nter here and on Part I, ee instructions)	line 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement)	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A D Gross income from or allocable to debt-financed property	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C G Gross income from or allocable to debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 1 2 3 a b c 4	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	nter here and on Part I, ee instructions) city, state, ZIP code). C	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se	ee instructions.	0.
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A	line 6, column (B) heck if a dual-use. Se B	c	D
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B	c	0. 0.
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B B	c C	D %
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	A	line 6, column (B) heck if a dual-use. Se B B	c C	D
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or B B	A	line 6, column (B) heck if a dual-use. Se B B	c C	D %
4 5 7 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A Neter here and on Part I, ee instructions) city, state, ZIP code). C A A Second Second	line 6, column (B) heck if a dual-use. Se B B 't I, line 7, column (A)	c	0. 0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or B B	A A Comparent of the second se	line 6, column (B) heck if a dual-use. Se B B 't I, line 7, column (A)	c C C C C C C C C C C C C C C C C C C C	0. 0.

2023.04020 IBC YOUTH BOWLING, INC. A3515221

									1
Sched Part	ule A (Form 990-T) 2023 VI Interest. Annu	ities, Royalties, and	Rents Fro	m Contro	lled O	rganization	S (see instruc	tions)	Page 3
	•••	,,,,,,,				-	led Organization	,	
	1. Name of controlled	d 2. Employer	3. Net	3. Net unrelated 4. Total		al of specified 5. Part of columns made			. Deductions directly
	organization	identification	incor						connected with
		number	(see ins	structions)			controlling organiza- tion's gross income		income in column 5
<u>(1)</u>									
<u>(2)</u>									
(3)									
(4)			Nenevent						
	7. Taxable Income	8. Net unrelated	Nonexempt (otal of specif			of column 9	11	eductions directly
		income (loss)		yments mad			luded in the		onnected with
		(see instructions)		,	-		organization's income		me in column 10
(1)						groos			
(2)									
(3)									
(4)									
							ins 5 and 10.		columns 6 and 11.
							and on Part I, olumn (A).		here and on Part I, e 8, column (B).
Totals Part		Income of a Section	E01/a)/7) /	(0) or (17)	<u></u>	inction	0.		0.
Fait		cription of income	501(0)(7), (2. Amou			ee instructions)		5. Total deductions
	I. Desc	chption of income		incon		3. Deduction directly conner		-asides tatement	and set-asides
						(attach stater	•		(add cols 3 and 4)
(1)									
(2)									
(3)									
(4)									
				Add amou column 2.					Add amounts in column 5. Enter
				here and or	n Part I,				here and on Part I,
				line 9, colu	-				line 9, column (B).
Totals Part				 Fhom Adve	0.				0.
		xempt Activity Incon ed activity: ONLINE AI			erusinę	g income (see instructions)	
1 2				r horo and a	Dort I	line 10. colum	ο (Δ)	2	27,089.
2		ess income from trade or b nected with production of ι						2	27,005.
3								3	10,276.
4	, , , , , ,	unrelated trade or busines							,_,_,
								4	16,813.
5	•	tivity that is not unrelated b						5	0.
6		to income entered on line 5						6	0.
7		ses. Subtract line 5 from lin							
	4. Enter here and on P	Part II, line 12						7	0.

Schedule A (Form 990-T) 2023

Sign Er	nvelope ID: 4C94492A-E09A-433D-9311-F85A	3AD4000D				
Calaad						1
Part	ule A (Form 990-T) 2023 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportir	na two or mo	pre periodicals on a	consolidated basis	3.	
•	A	.g				
	B					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	correspondi	ng column.			
	·	· _	Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	Part I, line 1	1, column (A)			0.
а		· · · ·				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or		1, column (B)			0.
	-					
4	Advertising gain (loss). Subtract line 3 from li	ne 🗌				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		line 8a columns tota	al or -0- here and c	n	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, a	nd Trustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	

Total. Enter here and on Part II, line 1 Part XI Supplemental Information (see instructions)

323732 01-19-24

Schedule A (Form 990-T) 2023 46 2023.04020 IBC YOUTH BOWLING, INC. A3515221

0.

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IBC	YOUTH	BOWLING,	INC.
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47 - 1705987

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		1,200.
TOTAL TO SCHEDULE A, PAR	r II, LINE 14	1,200.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 2 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING SERVICES EXPENSE - SUBTOTAL	- 1	10,276.	10,276.
TOTAL OF FORM 990-T, SCHEDULE A, PART V	III, COLUMN	3	10,276.

TAX RETURN FILING INSTRUCTIONS

WISCONSIN FORM 4T

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

IBC Youth Bowling, Inc. 621 Six Flags Drive Arlington, TX 76011

Prepared By:

CliftonLarsonAllen LLP 100 Maritime Drive, Suite 2B Manitowoc, WI 54220

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$ 1,154
Less: payments and credits	\$ 1,802
Plus: other amount	 0
Plus: interest and penalties	\$ 0
Overpayment	\$ 648

Overpayment:

Credited to your estimated tax	\$ 648
Other amount	\$ 0
Refunded to you	\$ 0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Wisconsin Department of Revenue P.O. Box 8908 Madison, WI 53708-8908

Return Must be Mailed On or Before:

December 16, 2024

Special Instructions:

2024 ESTIMATED TAX FILING INSTRUCTIONS

WISCONSIN ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

IBC Youth Bowling, Inc. 621 Six Flags Drive Arlington, TX 76011

Prepared By:

CliftonLarsonAllen LLP 100 Maritime Drive, Suite 2B Manitowoc, WI 54220

Amount of Tax:

Total Estimated Tax	\$ 892
Less credit from prior year	\$ 648
Less amount already paid on 2024 Estimate	\$ 0
Balance Due	\$ 244

Payable in full or in installments as follows:

Voucher	Amount		Due Date
No 1	\$	0	April 15, 2024
No 2	\$	0	June 17, 2024
No 3	\$	0	September 16, 2024
No 4	\$ 	244	December 16, 2024

Make Check Payable To:

Wisconsin Department of Revenue

Mail Voucher and Check To:

Wisconsin Department of Revenue PO Box 3028 Milwaukee WI, 53201-3028

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

EXTENSION PAYMENT

▼	cut here 🔻	
Use this form only if yo Person to contact regarding payment:	ur taxable year begins in 2023 ERIC KAMMLAH	Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028
	This estimated tax payment X 2023 calendar year Fiscal year beginning Short taxable year beg	
NG, INC. LIVE State ZIP Code TX 76011	Payments are due by the 15th months of the taxable year a by the 15th day of the 4th m	th day of the 4th, 6th, 9th, and 12th nd, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax yment \$ 800
	Wisconsin Corporation Use this form only if yo Person to contact regarding payment: Phone number: MG, INC. IVE State ZIP Code	Image: State ZIP Code Image: State ZIP Code

Please do not staple your payment to this voucher.

DC-045 (R. 11-20)

387542 10-11-23	▼	cut here 🔻	
ссн 2024	•	on Estimated Tax Voucher our taxable year begins in 2024	Make check payable to and mail to: Wisconsin Department of Revenue
Form Corp-ES	Person to contact regarding payment: Phone number:	8173858296	PO Box 3028 Milwaukee WI 53201-3028
Federal Employer ID Number 47 1705987		This estimated tax payment X 2024 calendar year Fiscal year beginning	<u> </u>
Entity Name		Short taxable year beg ending	inning
IBC YOUTH BOWL Number and Street 621 SIX FLAGS	DRIVE	months of the taxable year a by the 15th day of the 4th m	th day of the 4th, 6th, 9th, and 12th ind, for corporations receiving extensions, onth after the end of the taxable year. eginning in April, the first estimated tax
City ARLINGTON Please do not staple your payment	State ZIP Code TX 76011	Amount of Pa	yment \$244

Please do not staple your payment to this voucher.

DC-045 (R. 11-20)

	Form 4T	Wisconsin Exempt Organiza Business Franchise or Income Tax Return	ition	L		2023
	For calendar year 2	023 or tax year beginning 01 01 2 MM DD YY	$\frac{023}{YY}$ and	d ending <u>12 31 2</u> <u>MM DD YY</u>	023	
	Complete form usin	ng BLACK INK. Due Date: 15th da	ay of 5th month (4t	h month for certain trusts	and IRAs) following	close of taxable year.
	Exempt Organization	n Name BOWLING, INC.				
Q	Number and Street	LAGS DRIVE				Suite Number
	City ARLINGTON		State TX	ZIP (+ 4 digit suffix if known) 76011	A Federal Employ 47 1705	
		cable and attach explanation:		s Activity (NAICS) Code	C State of Organi	
STAPLE		Irn (Include Schedule AR)	<u>54180</u>		State in b	or eviation of ox, or if a puntry, enter
NOT S		new corporation or entering Wisconsin4- corporation dissolved or withdrew5			below.	
B	Check 🛩 if applica	able and see instructions:]	
	E X If you have an ex	tension of time to file, enter extended due date	<u>12 16 2</u> MM DD YY			
	F If you have relate	ed entity expenses and are required to file Schedule RT	with this return			
	G If you changed y	our organization name				
	H Internal Revenue	Service adjustments became final during the year				
	Enter years adju					
	I Check 🛩 type o	-		J Name of Trustee if Tax	able as Trust	
	1 X Corporation	2 Trust - due 4th month 3 Trust	- due 5th month			
	ENT	TER NEGATIVE NUMBERS LIKE THIS	-1000 <u>NOT</u>	LIKE THIS (1000)	NO	COMMAS; NO CENTS
	-	ble as Corporations (Trusts do not fill ir	•			
	1 Unrelated business taxable income (from federal Form 990-T, Part 1, line 11)					<u> 13459 .</u> 1154 .
	2 Additions (from	Part 1, Page 3)			2	1104.
	3 Add lines 1 and	12			3	14613.
		rom Part 2, Page 3)				
here	<u>5</u> Total net nonap	oportionable unrelated business taxable in	ncome (loss) (from	Form N, line 8)	5	
order	6 Subtract lines	and 5 from line 3. This is apportionable	unrelated business	s taxable income	6	14613.
y or		ortionment percentage. Enter the apportion			7	100.0000 %
or money	lf 100% apporti	ionment, check (${}^{{\prime}}$) the space after the a	<u>X</u>			
orn	If using separate accounting, check (\checkmark) the space after the arrow					
Jeck		by line 7				14613.
CLIP check	<u>9</u> Wisconsin net r	nonapportionable unrelated business tax	able income (loss)	(from Form N, line 9)		<u> </u>
2 CL	10 Combine lines	8 and 9. This is Wisconsin unrelated busi	ness taxable incon	ne (loss)	10	14613.
PAPER (79) of amount on line 10. This is gross ta				
PA	12 Nonrefundable	credits (from Schedule CR)			12	0.
	13 Subtract line 12	2 from line 11. If line 12 is greater than lin	e 11, enter zero (0)). This is net tax	13	1154 .
	-	ble as Trusts (Corporations do not fill in	-			
		ness taxable income (from federal Form 9 720)			14	
		720) Part 1, Page 3)				
	16 Add lines 14	od 15			16	
		nd 15 rom Part 2, Page 3)				<u> </u>
		7 from line 16. This is Wisconsin unrelated				
	19 Tax from tax ta	ble on amount on line 18. This is gross ta	ax		19	•

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000						
<u>202</u> 202	3 Form 4T Nonrefundable credits (from Schedule CR)				20	Page 2 of 3
<u>21</u>	Net income tax paid to other states				21	-
<u>22</u>	Add lines 20 and 21					
<u>23</u>	Subtract line 22 from line 19. If line 22 is greater than lin				23	
<u>24</u>	Tax from line 13 or 23				24	1154 .
05	Foonemie development europeres (see instructions)				05	
<u>25</u> 26	Economic development surcharge (see instructions) Endangered resources donation (decreases refund or inc					-
<u>20</u> 27	Veterans trust fund donation (decreases refund or increa					
<u> </u>						
<u>28</u>	Add lines 24 through 27				28	1154 .
<u>29</u>	Estimated tax payments less refund from Form 4466W			1802.		
<u>30</u>	Wisconsin tax withheld					
<u>31</u>	Refundable credits (from Schedule CR)			<u> </u>		
~~						
<u>32</u>	Amended Return Only - amount previously paid			1802		
<u>33</u> 34	Amended Return Only - amount previously refunded					
35	Subtract line 34 from 33				35	1802.
_						
<u>36</u>	Interest, penalty, and late fee due (from Form U line 17 c	or 26, or Schedule U, line	e 15 or 29).			
	If you annualized income on Form U or Schedule U, che	ck (🛩) the space after th	ne arrow	►	36	•
<u>37</u>	Amount due. If the total of lines 28 and 36 is larger than					
	of lines 28 and 36				37	•
<u>38</u>	Overpayment. If line 35 is larger than the total of lines 2				~~	648.
20	28 and 36 from line 35 Enter amount of line 38 you want credited on 2024 estin				38	648.
<u>39</u>	Enter amount of the 36 you want credited of 2024 estin			0401		
40	Subtract line 39 from line 38. This is your refund				40	
41	Enter total gross receipts from all unrelated trade or bus					
۸d	ditional Information Required					
	Person to contact concerning this return: <u>ERIC K</u>	АММТАН	Phone #:	817385	8296	Fax #:
	City and state where books and records are located for a	udit purposes ARL		<u>01/303</u> TX	0250	Fax #
	Are you the sole owner of any limited liability companies i				e Schedu	le DE and include with this
	return. Did you include the incomes of these entities in th			, , ,		
4	Did you purchase any taxable tangible personal property	or taxable services for s	torage, use, or c	onsumption	in Wiscor	nsin without payment
	of a state sales or use tax? YesX_ No				actions for	r how to report use tax.
	(You will not be liable for Wisconsin use tax if you hold a		Exempt Status.)			
5	List the locations of your Wisconsin operations: NON	E.				
	Do you want to allow another person to discuss th	is return with the departme	-+2 X	Yes Comple	te the follo	wing. No
Thi	rd			_		
Pa	ty Print Designee's	Pl	none Number 🔻		Person	al Identification Number (PIN) $oldsymbol{ abla}$
De	signee Name LACEY SILBERNAG	E <u>9206845</u>	500		<u>45</u>	5590
Unc	er penalties of law, I declare that this return and all attach	ments are true correct	and complete to	the best of	ny knowle	adae and belief
	gnature of Officer or Trustee	Title		and Dest UI I		Date
	5 •••••••••••••	PRESIDENT				
P	eparer's Signature	Preparer's Federal Emp	loyer ID Numbe	r		Date
	LACEY SILBERNAGEL, CPA	41 0746749				08 29 2024

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2023	3 Form 4T			Page 3 of 3
Par	t 1 - Additions:			
1	Interest income (less related expenses) from state and municipal obl	igations	1	-
2	State and local franchise or income taxes			
<u>3</u>	Capital gain/loss adjustment			•
4	Federal net operating loss carryover			-
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or	5К-1)		-
<u>6</u>	Reserved for future use			•
<u>7</u>	Transitional adjustments		7	-
8	Credit computed (see instructions):			
	<u>a</u> Business development credit			
	b Community rehabilitation program credit	8b	<u> </u>	
	<u>c</u> Development zones credits	8c	<u> </u>	
	<u>d</u> Economic development tax credit	8d	<u> </u>	
	e Electronics and information technology manufacturing			
	zone credit			
	<u>f</u> Employee college savings account contribution credit	oi	<u> </u>	
	g Enterprise zone jobs credit	8g	<u>.</u>	
	h Farmland preservation credit	8h	<u> </u>	
	i Jobs tax credit	8i	<u> </u>	
	j Manufacturing and agriculture credit (computed in 2022)	8j	<u> </u>	
	<u>k</u> Reserved for future use	8k	<u> </u>	
	I Research expense credit	81	<u> </u>	
	<u>m</u> Reserved for future use	8m	<u> </u>	
	<u>n</u> Total credits (add lines 8a through 8m)		8n	-
9	Other additions:			
	a	9a	<u> </u>	
	b	9b	<u>.</u>	
	c			
	<u>d</u> Total other additions (add lines 9a through 9c)		9d	-
<u>10</u>	Total additions (add lines 1 through 7, 8n, and 9d and enter on p	age 1)	10	1154 .
	t 2 - Subtractions:			
<u>1</u>	Interest income (less related expenses) from United States governme			
2	Capital gain/loss adjustment		2	-
<u>3</u>	Wisconsin net operating loss carryforward			
<u>4</u>	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-	1, 3K-1, or 5K-1)		•
<u>5</u>	Income from related entities whose expenses were disallowed (obta			
	related entity and submit with your return)			
<u>6</u>	Transitional adjustments			
7	Other subtractions:			
	a			
	b	7b	<u> </u>	
	c	7c		
	d Total other subtractions (add lines 7a through 7c)			-
8	Total subtractions (Add lines 1 through 6 and 7d and enter on pa	ige 1)		



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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. OMB No. 1545-0047

ΑΙ	For th	e 2023 calendar year, or tax year beginning and	ending				
	Check if applicat			D Employer identific	cation number		
	Addr	IBC YOUTH BOWLING, INC.					
	 			47-170598	37		
	Initia returi		Room/suite	E Telephone number			
	Final returi	621 GTY FLAGS DETVE		800-343-3	1329		
	termi ated			G Gross receipts \$	3,268,240.		
	Amer	ARLINGION, IX 70011		H(a) Is this a group re	turn		
	Appli tion	^{ca-} F Name and address of principal officer: CHAD MURPHY		for subordinates	? Yes X No		
	pend	ISAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1	Гах-е>	xempt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions		
	Webs			H(c) Group exemption	n number		
K	orm c	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2014 N	State of legal domicile: WI		
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities:	IDE RE	SOURCES AND	EDUCATION		
nce		TO PROVIDE A SAFE, POSITIVE, AND FUN ENVI					
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		2			
8 8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	8		
/itie	6	Total number of volunteers (estimate if necessary)		6	150		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			27,089.		
_ 	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	13,459.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		516.	0.		
nue	9	Program service revenue (Part VIII, line 2g)		2,292,258.	2,459,822.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,020.	46,170.		
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,605.	207,389.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,559,399.	2,713,381.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		561,090.	614,738.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		542,887.	682,103.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,912,683.	2,373,560.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,016,660.	3,670,401.		
	19	Revenue less expenses. Subtract line 18 from line 12		-457,261.	-957,020.		
0L			Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		3,655,080.	3,027,478.		
tAs	21	Total liabilities (Part X, line 26)		801,395.	776,500.		
ER.	22	Net assets or fund balances. Subtract line 21 from line 20		2,853,685.	2,250,978.		
Pa	art II	-					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, 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	Signature of officer			te					
Here	CHAD MURPHY, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	LACEY SILBERNAGEL, CPA	LACEY SILBERNAGEL,	C 08/29/2	24 self-employed P01245590					
Preparer	Firm's name CLIFTONLARSONALLE	N LLP	Fir	m's EIN 41-0746749					
Use Only	Firm's address 100 MARITIME DRIV	E, SUITE 2B							
	MANITOWOC, WI 54220 Phone no.920-684-5500								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) IBC YOUTH BOWLING, INC. 47-1705987 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE RESOURCES AND EDUCATION THAT INSPIRE OTHERS TO PROVIDE A SAFE,
	POSITIVE AND FUN ENVIRONMENT FOR ATHLETES OF ALL AGES AND SKILL
	LEVELS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 244,255. including grants of \$ 0.) (Revenue \$ 771,222.)
	MEMBERSHIP SERVICES - IN EXCHANGE FOR MEMBERSHIPS, IBC YOUTH SUPPORTS
	THE SPORT OF BOWLING AND CELEBRATES THE PAST WHILE ENSURING THE FUTURE.
	MEMBERS ALSO RECEIVE DISCOUNTS WITH VARIOUS ORGANIZATIONS.
4b	(Code:) (Expenses \$ 2,217,636. including grants of \$ 614,738.) (Revenue \$ 1,456,568.)
	TOURNAMENTS - IBC YOUTH WILL ORGANIZE YOUTH TOURNAMENTS WHERE YOUTH CAN
	COMPETE FOR SCHOLARSHIPS AND OTHER PRIZES. THESE TOURNAMENTS WILL BE
	CONTROLLED BY UNITED STATES BOWLING CONGRESS RULES AND REGULATIONS
	GOVERNING THE SPORT OF BOWLING.
	GOVERNING THE SPORT OF DOWDING:
4c	(Code:) (Expenses \$ 886, 528 • including grants of \$ 0 •) (Revenue \$ 218, 912 •)
	PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,348,419.
	Form 990 (2023)
332002	12-21-23

	990 (2023) IBC YOUTH BOWLING, INC. 47-17 t IV Checklist of Required Schedules
Fai	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe
	during the tax year? If "Yes," complete Schedule C, Part II
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
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, Par
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>
в	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
-	Schedule D, Part III
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
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments
	or in quasi-endowments? If "Yes," complete Schedule D, Part V
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,
a	
L	Part VI
D	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
C	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
a	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
ť	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
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
4a	Did the organization maintain an office, employees, or agents outside of the United States?
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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
~	foreign organization? If "Yes," complete Schedule F, Parts II and IV
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
7	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 11e2 If "Voc " complete Schedule C. Part J. See instructions

17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IX,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
	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	Х

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Form 990 (2023)

Form	1990 (2023) IBC YOUTH BOWLING, INC. 47-17	05987	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			<u> </u>
b	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 to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05	Part V, line 1		Δ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			х
27	If "Yes," complete Schedule R, Part V, line 2	36		<u></u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			- 11
38			х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	30	- 22	
	Check if Schedule O contains a reconcerce or pate to any line in this Dart V			
		<u></u>	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	45	162	110
	Enter the number reported in box 3 of Form 1996. Enter -0- if not applicable 1a1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?		х	
33200	4 12-21-23			(2023)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
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? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the never?	7a		Х
a b			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	- 10		
C		•	70		х
4	to file Form 8282?	7d	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
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	<u>10a</u>	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for	a "No" r	espor	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					X
Sec	tion A. Governing body and Management				Vaa	Na
10	Enter the number of voting members of the governing body at the end of the tax year	1a		1	Yes	No
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·		-		
-	officer director tructor or low employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			-		<u> </u>
•				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		x
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 ap					
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders. or			
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a		X
b	Describe on 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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, an	d financ	cial	
	statements available to the public during the tax year.		. .			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	ERIC KAMMLAH - (817)385-8296 621 SIX FLAGS DRIVE, ARLINGTON, TX 76011					
				Le	000	(2023)
332006	\$ 12-21-23			Form	1990	(2023)

2023.04020 IBC YOUTH BOWLING, INC. A3515221

Form 990 (2023)	IBC YOUTH BOWLING, INC.	47-1705987 Page 7						
Part VII Comper	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employ	ees, and Independent Contractors							
Check if S	chedule O contains a response or note to any line in this Part VII							
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employee	S						
 List all of the org 	e for all persons required to be listed. Report compensation for the calendar yea ganization's current officers, directors, trustees (whether individuals or organiza)), (E), and (F) if no compensation was paid.							
	ganization's current key employees, if any. See the instructions for definition of	, , ,						

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

____ 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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHAD MURPHY PRESIDENT	2.00	x		х				0.	420,573.	54,827.
(2) FRANK DESOCIO	2.00								12070701	01/01/0
VICE PRESIDENT	40.00	х		х				0.	387,971.	25,486.
(3) GARY BROWN	40.00									
MANAGING DIRECTOR OF IBC YOUTH DEVEL	0.00			Х				100,426.	0.	36,690.
(4) MELISSA MCDANIEL	2.00	37						0	0	0
DIRECTOR (5) KEVIN KRAUSS	4.50	Х				<u> </u>		0.	0.	0.
DIRECTOR	12.50	x						0.	0.	0.
	12130									
		_								
		-								
		-								

332007 12-21-23

Form 990 (2023)

	990 (2023) IBC YOUTH									47-17	05987 Page 8
Par	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/ compensation from the organization and related organizations
	Subtotal								100,426.	808,54	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no								0. 100,426.	808,54	0. 0. 4. 117,003.
-	compensation from the organization						,				1 Yes No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	ich individual								-	<u>3 X</u>
4 5	For any individual listed on line 1a, is the sum and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,"	" со	mple	ete S	Sche	edule	J f	or such individual	-	4 X
	rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors										5 X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						the organization's tax y	•	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than	Form 990 (2023)

	1 990 rt V		TH BOW	LING, IN	с.		47-1705	987 Pa	ige 9
		Check if Schedule O contains a	response	or note to any lir	e in this Part VIII			[
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -	der
nts Its	1 :	a Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	I	b Membership dues	1b		4				
Am C		c Fundraising events	1c		-				
ilar Gif		d Related organizations	1d		-				
Sims,		e Government grants (contributions)f All other contributions, gifts, grants, and	1e		-				
ler utio		similar amounts not included above	1f						
loti Oti		g Noncash contributions included in lines 1a-1f	1g \$		1				
Cor		h Total. Add lines 1a-1f							
				Business Code					
e	2	a <u>TOURNAMENT FEES</u>			1,456,568.				
ervi		b MEMBERSHIP DUES		713990	771,222.		07 000	 	
n Se		c SPONSORSHIP INCOME		713990	232,032.	204,943.	27,089.		
Program Service Revenue		d							
Jrog		 e f All other program service revenue 							
-		g Total. Add lines 2a-2f			2,459,822.				
	3	Investment income (including divide			,, .				
					66,512.			66,51	.2.
	4	Income from investment of tax-exer							
	5	Royalties			193,420.			193,42	<u>20.</u>
	_		(i) Real	(ii) Personal	-				
		a Gross rents 6a			-				
		b Less: rental expenses 6b c Rental income or (loss) 6c			-				
		d Not reptal income or (loss)							_
			Securities	(ii) Other					
),000.						
		b Less: cost or other basis							
ani),342.		-				
enue		· · · · · · · · · · · · · · · · · · ·),342.		0.0.040				
r Re		d Net gain or (loss)		T	-20,342.			-20,34	2.
Other Re	8	a Gross income from fundraising events (including \$							
		contributions reported on line 1c).	See						
		Part IV, line 18			4				
		b Less: direct expenses							
	_	c Net income or (loss) from fundraisin	~						
	9	a Gross income from gaming activitie Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) from gaming a							
		a Gross sales of inventory, less return							
		and allowances		40,804.					
	l	b Less: cost of goods sold	10b	34,517.					
		c Net income or (loss) from sales of in	ventory		6,287.	6,287.			
sn	44	a MISCELLANEOUS		Business Code 900099	7,682.	7,682.			
neol		a WISCERRANEOOS		500055	7,002.	1,002.			
ellai ven		c							
Miscellaneous Revenue		d All other revenue							
ž		e Total. Add lines 11a-11d			7,682.				
	12	Total revenue. See instructions			2,713,381.	2,446,702.	27,089.		
33200	9 12-2	21-23						Form 990 (2	2023)

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IBC YOUTH BOWLING, Form 990 (2023) INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	614,738.	614,738.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	137,116.	91,868.	45,248.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	418,758.	280,568.	138,190.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,723.	5,844.	2,879.	
9	Other employee benefits	8,723. 81,854.	5,844. 54,842.	2,879. 27,012.	
10	Payroll taxes	35,652.	23,887.	11,765.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	278.		278.	
С	Accounting	24,038.		24,038.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,089.		6,089.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	790,539.	790,539.		
12	Advertising and promotion	101,034.	101,034.		
13	Office expenses	216,412.	202,897.	13,515.	
14	Information technology	39,471.		39,471.	
15	Royalties				
16	Occupancy				
17	Travel	399,466.	399,466.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,483.	91,483.		
23	Insurance	1,854.		1,854.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	252 000	282 000		
а		373,882.	373,882.		
b		242,666.	236,469.	6,197.	
c	TAXES	70,799.	<u>65,353</u> . 15,372.	5,446.	
d		<u>15,372.</u> 177.	15,372.		
	All other expenses	3,670,401.	3,348,419.	321,982.	0
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	J,0/0,401.	J,J40,419.	561,302.	0.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720) 0 12-21-23				Form 990 (202

47-1705987 Page 11 IBC YOUTH BOWLING, INC. Form 990 (2023) 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 654,603. 185,600. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 6,576. 1,511. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 37,801. 55,301. 8 Inventories for sale or use 8 86,339. 70,065. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____**10**a 649,024. basis. Complete Part VI of Schedule D 320,080. 420,428. 328,944. b Less: accumulated depreciation 10b 10c 2,470,672. 2,364,718. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 3,655,080. 3,027,478. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 84,497. 48,434. Accounts payable and accrued expenses 17 17 18 18 Grants payable 716,898. 728,066. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 801,395. 776,500. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,853,685. 27 2,250,978. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,250,978. 2,853,685. Total net assets or fund balances 32 32

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33

Total liabilities and net assets/fund balances

3,655,080.

33

	1990 (2023) IBC YOUTH BOWLING, INC.	47-17	05987	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,713	3,38	<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,670		
3	Revenue less expenses. Subtract line 2 from line 1	3	-957		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,853	3,68	85.
5	Net unrealized gains (losses) on investments	5	354	1,31	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,250),9'	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с		audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 494 At Go to www.irs.gov/l	OMB No. 1545-0047 2023 Open to Public Inspection					
Name of	the organizati		5					Employer	identification number
			YOUTH BOWL						7-1705987
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ 1 2 3	A church, cor A school des	nvention of chi cribed in sect i	urches, or associatio ion 170(b)(1)(A)(ii). (For lines 1 through 12, cl in of churches described Attach Schedule E (Form anization described in se	in sectio 1 990).)	n 170(b)(1			
4	A medical res	-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5			or the benefit of a col Complete Part II.)	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
6		-	-	nental unit described in					
7	•		lly receives a substai omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	Dublic described in
8	-			(1)(A)(vi). (Complete Part	: II.)				
9 🛄	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
10 X	university:	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	ns membersh	in fees and	d gross receipts from
	-			t to certain exceptions; a				-	•
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11 🗌			mplete Part III.)	volu to tost for public sat	inty Soo	soction 5()Q(a)(4)		
12				vely to test for public sat vely for the benefit of, to				rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	_	•	• •	upervised, or controlled				-	giving
	the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	••		•	or controlled in connect		• •	•		•
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
c 🗌			t complete Part IV, a grated. A supporting	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
). You must complete F				.,	,
d 🗌		-	• · ·	oorting organization oper				•	.,
				ation generally must sati				an attentiv	veness
e		-		nplete Part IV, Sections written determination from				II Type III	
		•		nally integrated supportir			турст, турс	n, rype m	
f Ent	er the number	-							
			about the supporte						
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
Total									

		BC YOUTH					5987 Page 2
Ра	rt II Support Schedule for	-					-
	(Complete only if you checke fails to qualify under the tests			-	on failed to qualify	under Part III. If the	organization
800	tion A. Public Support	s listed below, plea	se completer art				
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Sec	tion B. Total Support		-		-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\				
12	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	•		-			
Sec	organization, check this box and stop ction C. Computation of Public						
14	Public support percentage for 2023 (column (f))		14	%
15	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 IBC YOUTH BOWLING, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1086081 127,900. 122,750. 516. 1337247. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2473537.10472278. 772,655. 2231592. 2299836. 2694658. organization's tax-exempt purpose 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 2473537.11809525. 2354342. 2300352. 3780739. 900,555. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 54,500. 1086081. 1140581. 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 c Add lines 7a and 7b 1086081. 54,500. 1140581 10668944 Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 2354342 2300352 2473537.11809525. 9 Amounts from line 6 3780739. 900,555. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 239,897. 94,819. 239,922. 250,691. 259,932. 1085261. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 239,897. 94,819. 239,922. 250,691. 259,932. 1085261. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 29,059. 27,089. 56,148. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 14,142. 5,686. 19,163. 8,419. 7,682. 55,092. assets (Explain in Part VI.) 4034778. 1001060. 2613427. 2588521. 2768240.1 3006026. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 82.03 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 78.71 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 8.34 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 7.52 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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2023.04020 IBC YOUTH BOWLING, INC. A3515221

IBC YOUTH BOWLING, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

Section A. All Supporting Organizations

Part IV Supporting Organizations

Schedule A (Form 990) 2023

- 1 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Pa	rt IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			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		163	NU
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion 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 on line 2, above, did the organization's supported organizations have a	2		
	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			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.).		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	15)	
2	Activities Test. Answer lines 2a and 2b below.	Siruciion	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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. Answer lines 3a and 3b below.			
а		0.5		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Sche	IBC YOUTH BOWLING, INC.			47-1705987 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
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		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	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		
е	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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 IBC YOUTH BOW			4	7-1705987	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	-	
Sect	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
c	Excess from 2021					
d	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 IBC YOUTH BOWLING, INC. 47-1705987 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS IN	ICOME
2019 AMOUNT: \$	14,142.
2020 AMOUNT: \$	5,686.
2021 AMOUNT: \$	19,163.
2022 AMOUNT: \$	8,419.
2023 AMOUNT: \$	7,682.
332028 12-21-23	Schedule A (Form 990) 2023

2023.04020 IBC YOUTH BOWLING, INC. A3515221

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SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2023
Denert	ment of the Treesury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		0 for instructions and the latest information	on.	Inspection
Nam	e of the organization				identification number
Pa	t L Organiza	IBC YOUTH BOWLING,	INC . d Funds or Other Similar Funds or		7-1705987
Fai		n answered "Yes" on Form 990, Part IV, lin		Accounts.	Complete if the
		,,,	(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	t end of year			
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be us	2	
			r donor advisor, or for any other purpose cor	0	
Pa	impermissible priva				Yes No
			ganization answered "Yes" on Form 990, Par	τ IV, line 7.	
1		servation easements held by the organizati	11 57	historiaally impor	tant land area
		n of land for public use (for example, recrea If natural habitat	tion or education) Preservation of a Preservation of a		
		n of open space			siluciule
2		• •	fied conservation contribution in the form of	a conservation ea	esement on the last
-	day of the tax year				at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b		And and have a second state of a second state.			
с	Number of conserv	vation easements on a certified historic str	ucture included on line 2a	2c	
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic struct	ture listed in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during	the tax
	year				
4		where property subject to conservation eas			
5	•	tion have a written policy regarding the per			
6	,	orcement of the conservation easements it	holds? holds? handling of violations, and enforcing conserv		Ves No
0		a nours devoted to monitoring, inspecting,	handling of violations, and emotering conserv	ation easements	during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements duri	ng the year
-					ing the year
8	Does each conserv	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h))(4)(B)(ii)?			Yes No
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense sta	atement and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statement	s that describes t	the
Dat	organization's acco	ounting for conservation easements.			-1-
Pa			f Art, Historical Treasures, or Othe	er Similar Ass	iets.
		f the organization answered "Yes" on Form			
1 a	•		8, not to report in its revenue statement and		orks
		· ·	blic exhibition, education, or research in furth	ierance of public	
h	· •		ncial statements that describes these items. i8, to report in its revenue statement and bala	anco choot works	of
D	-		exhibition, education, or research in further		
		ing amounts relating to these items.			ivice,
	•	o		\$	
2			asures, or other similar assets for financial ga		
	•	unts required to be reported under FASB A			
а	-		-	\$	
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Schee	dule D (Form 990) 2023
33205	1 09-28-23				

Sche		TH BOWLING						- <u>1705</u>			ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Similar As	sets _{(c}	ontinue	ed)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the f	following that	: make sigr	nificant use o	f its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	ne organizatio	on's exemp	t purpose in	Part XIII.			
5	During the year, did the organization solicit or	-		-	-	-					
	to be sold to raise funds rather than to be ma				-				es		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			3				,	,		
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?		-						es		No
h	If "Yes," explain the arrangement in Part XIII a							·			
			lowing	abic.				An	nount		
с	Beginning balance						1c				
с А	Additions during the year						10 10				
e	Distributions during the year						10 1e				
f							1f				
	Ending balance Did the organization include an amount on Fo						· · · · ·		es		No
	If "Yes," explain the arrangement in Part XIII.									\square	NU
Par									<u></u>		
		(a) Current year	1	Prior year	(c) Two year) Three years	hack (e)) Four ve	ars h	nack
10	Paginning of year balance	(u) ourrent your	(5)	nor your			y 11100 youro		i our ye		uon
-	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held ar	nd administer	ed for the					
	organization by:							Г		es	No
	(i) Unrelated organizations?								Ba(i)	_	
	(ii) Related organizations?							3	a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organization							L	3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm					D	10				
	Complete if the organization answered		,	Í							
	Description of property	(a) Cost or c		. ,	or other	• •	umulated	(d)	Book v	alue	
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land							_			
	Buildings										
С	Leasehold improvements										
d	Equipment				8,641.		8,641.				0.
e	Other			64	0,383.	31	L1,439.		328		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, column	<u>(B))</u>				328	,94	· 4 ·
							Sche	edule D (Form §	90) 2	2023

Schedule D (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X line 25 col (B))	

I otal. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 IBC YOUTH BOWLING, INC.		<u></u>	47-3	1705987	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Revenue per Re	turn		
1				1	3,121,	091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	• / = = = /	
a	Net unrealized gains (losses) on investments	2a	354,313.			
b	Donated services and use of facilities		18,880.			
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		34,517.			
	Add lines 2a through 2d			2e	407.	710.
3	Subtract line 2e from line 1			3	2,713,	381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	2,713,	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1 .				
1	Total expenses and losses per audited financial statements			1	3,723,	798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	18,880.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)		34,517.			
е	Add lines 2a through 2d			2e		397.
3	Subtract line 2e from line 1			3	3,670,	401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,670,	401.
Pa	t XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

34,517.

34,517.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

332054 09-28-23

Schedule D (Form 990) 2023

10270829 131839 A351522

SCHEDULE I (Form 990)	G Go Compl	OMB No. 1545-0047					
Department of the Treasury		-	Attach to Forr	n 990.			Open to Public Inspection
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							
Name of the organization IBC YOUT	H BOWLING,	INC.					Employer identification number 47-1705987
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record criteria used to award the grants or as	sistance?						
2 Describe in Part IV the organization's Part II Grants and Other Assistance t					anization answered "Y	es" on Form 990 Part	t IV line 21 for any
recipient that received more that							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023 IBC YOUTH B	OWLING, INC.				47-1705987	Page
Part III Grants and Other Assistance to Domestic Ind Part III can be duplicated if additional space is n		organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
DEXTER ALL AMERICAN SCHOLARSHIPS	10	10,000.	0.			
JUNIOR GOLD SCHOLARSHIPS	1514	473,156.	0.			
SURVIVOR SCHOLARSHIPS	201	51,427.	0.			
		,				
YOUTH OPEN SCHOLARSHIPS	942	80,155.	0.			

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

PART I, LINE 2:

EACH SCHOLARSHIP HAS ITS OWN CRITERIA FOR SELECTING THE WINNERS. THE

CRITERIA ARE POSTED ON THE WEBSITE AND APPLICATIONS ARE JUDGED AGAINST THAT

CRITERIA.

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SCHEDULE J Compensation Information	OMB No.	1545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	7 7)
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	ZJ)
Department of the Treasury Attach to Form 990.	Open t	o Publ	ic
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	-	ection	
-	er identificati		nber
	-170598	7	
Part I Questions Regarding Compensation			
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel Housing allowance or residence for personal use			
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	1b		
 Provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation committee Written employment contract			
Independent compensation consultant Compensation survey or study			
Form 990 of other organizations	9		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			
a Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the revenues of:			37
a The organization?			X
b Any related organization?	<u>5b</u>		X
If "Yes" on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the net earnings of:			v
a The organization?			XX
b Any related organization?	<u>6b</u>		
If "Yes" on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		x
not described on lines 5 and 6? If "Yes," describe in Part III	7		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958 6(c)2	9		
Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Scl	hedule J (For	n 000	2022

LHA 332111 11-06-23

Schedule J (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHAD MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	357,301.	63,272.	0.	14,913.	39,914.	475,400.	0.
(2) FRANK DESOCIO	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	291,671.	83,300.	13,000.	11,600.	13,886.	413,457.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

47-1705987

Schedule J (Form 990) 2023	IBC YOUTH BOWLING, INC.	47-1705987	Page 3
Part III Supplemental Information			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional informatio	n.

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	
Name of the organization	Employer identification number $47 - 1705987$	
FORM 990, PAI	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
ATHLETES.		

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS HAD TWO MEMBERS SINCE INCEPTION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR AND FINANCE DIRECTOR REVIEW TAX RETURN PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MANAGING DIRECTORS, EXECUTIVES, BOARD AND COMMITTEE MEMBERS MUST SIGN

OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINISTRATION FOR FURTHER REVIEW

FORM 990, PART VI, SECTION B, LINE 15A:

ALL OTHER COMPENSATION IS DIRECTED BY THE VOTING MEMBERS

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SPEAKER FEES:

PROGRAM SERVICE EXPENSES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 15,450.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization IBC YOUTH BOWLING, INC.	Employer identification number 47-1705987
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,450.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	120,829.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	120,829.
CONSULTING:	
PROGRAM SERVICE EXPENSES	343,622.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	343,622.
PHOTOGRAPHY & A/V PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	310,638.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	

332212 11-14-23

Schedule O (Form 990) 2023

SCHEDULE R (Form 990) Department of the Treas Internal Revenue Servic	90) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. t of the Treasury venue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the orga	nization IBC YOUTH BOWI	ING, INC.				En	nployer identifi 47-17059		ımber			
Part I Identit	ication of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	me End-of-yea		Direct of	(f) controlling ntity	9			
	ication of Related Tax-Exempt Organiza zations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	e related tax-exe	mpt				
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code Public charity Div section status (if section 501(c)(3))		(f) Direct controlling entity			512(b)(13) folled ity?			
621 SIX FLAGS		TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT		501(0)(2)				103				
ARLINGTON, TX BOWLING PROPR	76011 IETORS ASSOCIATION OF AMERICA -	OF BOWLING	TEXAS	501(C)(3)	LINE 11	N/A			X			

 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX
 TO PROMOTE THE SPORT OF

 76011
 BOWLING

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Х

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

47-1705987 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

erganizatione treated de a pa	Organizations treated as a particles inplotting the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10			
	-													
	-													
	-													
	1													
	1													
	4													
				1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(</u> 4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2023 IBC YOUTH BOWLING, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5	[()			(0)				<i>(</i>)	(1)	(1)																											
(a)	(b)	(c)	(d)	(e) Are al		(f)	(g)		h)	(i)	(j)	(k)																											
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners 501(c)(orgs.	sec.	Share of	Share of	Dispi tio	ropor- nate tions?	Code V-UBI	General o managin	Percentage																											
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		total	end-of-year		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership																											
		country)	sections 512-514)	Yes N	No	income	assets	Yes	No	(Form 1065)	Yes No																												
												-																											
									-			+																											

Schedule R (Form 990) 2023

Schedule F	R (Form 990) 2023	IBC YOUTH BOWLING, INC.	47-1705987 Page 5
Part VII	(Form 990) 2023	ormation	
		mation for responses to questions on Schedule R. See instruction	ons.
			Oakadule D (Earna 000) 000
32165 09-28-	23		Schedule R (Form 990) 202

10270829 131839 A351522

2023.04020 IBC YOUTH BOWLING, INC. A3515221

Form	990-T	ı ļ	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))		0000
		For ca	endar year 2023 or other tax year beginning, and ending	·	2023
	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Em	ployer identification number
B Exe	empt under section	Print	IBC YOUTH BOWLING, INC.		7-1705987
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number e instructions)
	408(e) 220(e)	1,200	621 SIX FLAGS DRIVE	-	
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		ARLINGTON, TX 76011 ok value of all assets at end of year 3,027,478.	┠└	Check box if
GC	heck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	I State	an amended return. college/university
	neek organization	type	6417(d)(1)(A) Applicable entity	01010	eenege, anneleny
H C	heck if filing only to	o claim		nt amo	unt from Form 3800
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	,		d identifying number of the parent corporation ERIC KAMMLAH Telephone number (017)385-8296
Par	ne books are in car		ERIC KAMMLAH Telephone number (d Business Taxable Income	01/	/305-0290
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	1	14,459.
2				2	
3	Add lines 1 and 2			3	14,459.
4	Charitable contrib		(see instructions for limitation rules)	4	0.
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5	14,459.
6	Deduction for net	t operat	ing loss. See instructions	6	
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.		14 450
	Subtract line 6 fro			7	14,459.
8			erally \$1,000, but see instructions for exceptions)	8	1,000.
9			eduction. See instructions	9	1,000.
10 11			lines 8 and 9	<u>10</u> 11	13,459.
Par					13/1391
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,826.
2		_	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m: 🗋	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in			3	
4			instructions	4	
5				5	
6 7			acility income. See instructions	6	2,826.
Par					
1a	Foreign tax credit	t (corpo	rations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see		,		
с			Attach Form 3800 (see instructions)	-	
d	Credit for prior-ye	ear mini	mum tax (attach Form 8801 or 8827) 1d	-	
е	Total credits. Ac		•	1e	2,026
2			rt II, line 7	2	2,826.
3a ⊾	Amount due from				
b	Amount due from Amount due from				
c d	Amount due from				
e	Other amounts d				
f			lines 3a through 3e	3f	0.
4			and 3f (see instructions). Check if includes tax previously deferred under		
			x amount here	4	2,826.
5			lity paid from Form 965-A, Part II, column (k)	5	0.
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)

Form 9	90-T (2023)				Page	e 2
Part					5	_
6 a	Payments: Preceding year's overpayment credited to the current year	6a	1,190.			_
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b	1,819.			
с	Tax deposited with Form 8868	6c	2,000.			
d	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Elective payment election amount from Form 3800					
h	Payment from Form 2439					
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7	5,009	•
8				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			10	2,183	•
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		83. Refunded	11	0	•
Part	IV Statements Regarding Certain Activities and Other Information	tion (se	e instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in o	or a signat	ure or other authority		Yes No	0
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	tion may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	ne name o	of the foreign country			
	here				X	2
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, c	or transferor to, a			
	foreign trust?				X	2
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not	t include a	any post-2017 NOL ca	rryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	uction reported on Par	t I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL ca	rryovers. Don't reduce)		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	or the tax	year. See instructions			
	Business Activity Code	Ava	ailable post-2017 NOL	carryove	er 🔤	
		\$				
		\$				
		\$				
		\$				
6 a	Reserved for future use					
b	Reserved for future use					
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other th	owledge and belief, it is true, May the IRS discuss this return with the preparer shown below (see							
ē	Signature of officer	Date	Title	Title			ctions)?	ions)? X Yes	
Paid Preparer	Print/Type preparer's name LACEY SILBERNAGEL, CPA	Preparer's signature LACEY SILBE CPA		Date 0 8 / 2 9 / 2 4	Check if PTIN self-employed P012455			45590)
Use Only	Firm's name CLIFTONLARS	Firm's name CLIFTONLARSONALLEN LLP							9
	IOO MARIT Firm's address MANITOWOC	Phone no.	92	0-684	-5500				

Form **990-T** (2023)

323711 11-20-23

1 SCHEDULE A OMB No. 1545-0047 **Unrelated Business Taxable Income** (Form 990-T) From an Unrelated Trade or Business Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Α Name of the organization IBC YOUTH BOWLING, INC. 47-1705987 541800 1 D Sequence: 1 Unrelated business activity code (see instructions) of Describe the unrelated trade or business ONLINE ADVERTISING Е Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c С Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) 9 10,276. 27,089. 16,813. Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 27,089. 10,276. 16,813. **Total.** Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 2 2 Salaries and wages 3 3 Repairs and maintenance 4 Bad debts 4 5 5 Interest (attach statement). See instructions

6	Taxes and licenses		<u>.</u>	6	1,154.
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			. 11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	EE	STATEMENT 1	14	1,200.
15	Total deductions. Add lines 1 through 14			15	2,354.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	14,459.
17	Deduction for net operating loss. See instructions			. 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				14,459.
For I	Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2023

LHA 323741 01-19-24

	/=				1
Schedi Part	ule A (Form 990-T) 2023 III Cost of Goods Sold Enter meth	nod of inventory valuatio	า		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and	Personal Property	Leased With Research Control of Control o	eal Property)	
1	Description of property (property street address, city, st A B	tate, ZIP code). Check if	a dual-use. See instru	uctions.	
	c 🗌				
	D				
		Α	В	с	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
u	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4	in lines 2a and 2b (attach statement)		ne 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)			
1	Description of debt-financed property (street address, o	ity, state, ZIP code). Che	eck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D []				
_		A	В	C	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
c	financed property (attach statement)	%	%	%	0/
6 7	Divide line 4 by line 5	<u> %0</u>	%	%	%
7 8	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	Enter here and an Dert			0.
o	i otal gross income (add line 7, columns A through D).	Enter here and on Part	, me r , column (A)	·····	U •
9	Allocable deductions. Multiply line 3c by line 6]		
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and (n Part I, line 7, colum	nn (B)	0.
11	Total dividends-received deductions included in line				0.
)1-19-24				(Form 990-T) 2023

									1	
Sched Part	ule A (Form 990-T) 2023	ities, Royalties, and Ro	ents Fro	m Contro	lled O	rganization	S (see instru	ctions)	Page 3	
- ure	•••					<u> </u>	lled Organizatio	,		
1. Name of controlled organization		2. Employer identification			unrelated 4. Tota me (loss) paym				6. Deductions directly connected with	
		number	(see ins	nstructions)			tion's gross income		income in column 5	
<u>(1)</u>										
(2)										
(3)										
<u>(4)</u>		N.								
				Controlled O			of column 0	44 1	Doductions directly	
	7. Taxable Income 8. Net unrelated income (loss) (see instructions)			9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		(11. Deductions directly connected with income in column 10	
(1)										
<u>(2)</u>										
(3)										
<u>(4)</u>										
						Enter here	nns 5 and 10. and on Part I, column (A).	Entei lir	columns 6 and 11. r here and on Part I, ne 8, column (B).	
Totals				<u></u>		<u> </u>	0.	•	0.	
Part		ncome of a Section 50)1(C)(7), (ee instructions)		E TALLA AND	
	1. Desc	ription of income		2. Amou incor		3. Deduction directly connormal (attach state)	ected (attach	et-asides statemen ⁻	t) 5. Total deductions and set-asides (add cols 3 and 4)	
(1)										
(2)										
(3)										
(4)										
				Add amou column 2 here and o line 9, colu	. Enter n Part I, mn (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
Totals					0.	•			0.	
Part			,		ertisinę	g income	see instruction	s)		
1		d activity: ONLINE ADV			- D- · ·	l'a d0 1	- (0)		27 000	
2		ess income from trade or busi						2	27,089.	
3		nected with production of unr						3	10,276.	
4	, , , , ,	unrelated trade or business.							10,270.	
-		unrelated trade of business.						4	16,813.	
5	•	ivity that is not unrelated bus						5	0.	
6		to income entered on line 5						6	0.	
7		ses. Subtract line 5 from line 6							-	
	4. Enter here and on P	art II, line 12						7	0.	

Schedule A (Form 990-T) 2023

	ule A (Form 990-T) 2023					Page
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ng two or mo	re periodicals on a	consolidated bas	is.	
	A					
	B					
-ntor	D	aarraanandi				
Inter	amounts for each periodical listed above in the	corresponal	A ng column.	В	С	D
2	Gross advertising income		A	B		
2	Add columns A through D. Enter here and or		1 column (A)	I		0.
а	Add columns A through D. Enter hole and of	i i ait i, iii c i				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or		1. column (B)	•	L.	0.
	Ũ	,	, , ,			
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	n 🛛				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter -0- on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter -0-	····· –				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
_	line 4, enter the lesser of line 4 or line 7		l'a constant			
а	Add line 8, columns A through D. Enter the g Part II, line 13	reater of the	line 8a columns tot			0.
Part		rectors. a	nd Trustees	ee instructions)		0.
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	

 Total. Enter here and on Part II, line 1

 Part XI
 Supplemental Information (see instructions)

323732 01-19-24

Schedule A (Form 990-T) 2023

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IBC	YOUTH	BOWLING,	INC.
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47 - 1705987

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		1,200.
TOTAL TO SCHEDULE A, PAR	r II, LINE 14	1,200.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 2 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING SERVICES EXPENSE - SUBTOTAL	- 1	10,276.	10,276.
TOTAL OF FORM 990-T, SCHEDULE A, PART V	III, COLUMN	3	10,276.