

CliftonLarsonAllen LLP CLAconnect.com

IBC YOUTH BOWLING, INC. FORM 990 INCOME TAX RETURN FOR YEAR ENDED DECEMBER 31, 2022

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

| | | For calendar year 20 | 22, or fiscal year beginning | , 2022, and ending | , 20 | 2022 |
|----------------------------|---|--|---|---|--|--|
| Departm | nent of the Treasury | | Do not send to the IF | RS. Keep for your records. | | |
| Internal I | Revenue Service | | Go to www.irs.gov/Form88 | 379TE for the latest information | | |
| Name o | | | | | EIN or S | |
| | | OUTH BOWLI | <u> </u> | | 47-1 | 1705987 |
| Name a | and title of officer or | person subject to tax | CHAD MURPHY | | | |
| Parl | t I Type c | f Deturn and De | PRESIDENT eturn Information | | | |
| | | | | nd enter the applicable amount, it | | Fa 0000 OD and |
| Form sor 10 a which | 5330 filers may er a below, and the a | ter dollars and cents mount on that line fo | . For all other forms, enter wh r the return being filed with th | ole dollars only. If you check the is form was blank, then leave line the return, then enter -0- on the a | box on line 1a, 2 e 1b, 2b, 3b, 4b, 5 | a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5b, 6b, 7b, 8b, 9b, or 10b, |
| 1a | Form 990 chec | k here X | b Total revenue, if any (F | Form 990, Part VIII, column (A), lii | ne 12) | ть 2,559,399. |
| 2a | Form 990-EZ | heck here | | Form 990-EZ, line 9) | | |
| За | Form 1120-PO | L check here | | OL, line 22) | | |
| 4a | Form 990-PF | heck here | | ent income (Form 990-PF, Part | | |
| 5a | Form 8868 che | ck here | b Balance due (Form 88 | 68, line 3c) | | |
| 6a | Form 990-T ch | eck here | b Total tax (Form 990-T, | Part III, line 4) | | 6b |
| 7a | Form 4720 che | | , | Part III, line 1) | | 7b |
| 8a | Form 5227 che | | b FMV of assets at end | of tax year (Form 5227, Item D) | | 8b |
| 9a | Form 5330 che | ck here | b Tax due (Form 5330, P | , | | 9b |
| 10a | | | | nent requested (Form 8038-CP, | | 10b |
| Part | | | | Officer or Person Subject | | |
| Under | | | | entity or I am a person sul | | |
| of enti | ity) | | | , (EIN) , to the best of my knowledge an | and that I ha | ve examined a copy of the |
| later the payment persor | han 2 business da ent of taxes to rec | ys prior to the paym eive confidential info umber (PIN) as my s | ent (settlement) date. I also au rmation necessary to answer | t, I must contact the U.S. Treasu thorize the financial institutions i inquiries and resolve issues relaturn and, if applicable, the consen | nvolved in the pro ed to the payment | cessing of the electronic I have selected a |
| | | • | ONALLEN LLP | | to enter my | / PIN 41791 |
| L | radinonze <u>-</u> | | ERO firm nam | | to criter my | Enter five numbers, but |
| | | | | _ | | do not enter all zeros |
| | with a state a on the return' As an officer of return. If I have | gency(ies) regulating s disclosure consent or person subject to e indicated within th | charities as part of the IRS Fe screen. ax with respect to the entity, | If I have indicated within this retured/State program, I also authorized. I will enter my PIN as my signaturum is being filed with a state age | e the aforemention | ned ERO to enter my PIN 2022 electronically filed |
| | re of officer or person su | bject to tax | 'n N | Sure consent sereen. | D | 8/22/2023 ate |
| Parl | | cation and Auth | | | | |
| | | | nic filing identification | 209647 | 11701 | |
| numbe | er (EFIN) followed | by your five-digit self | -selected PIN. | 3986474 Do not enter | | |
| submi | | | | the 2022 electronically filed retur Modernized e-File (MeF) Informa | | |
| ERO's | signature <u>LA</u> | CEY SILBER | NAGEL, CPA | Date | 07/27/23 | 3 |
| | | | ERO Must Retain This | Form - See Instructions | | |
| | | Do Not S | | e IRS Unless Requested | | |
| I HA | For Privacy Act a | | uction Act Notice, see instru | | | Form 8879-TE (2022 |

202521 12-16-22

OMB No. 1545-0047

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print IBC YOUTH BOWLING, INC. 47-1705987 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 621 SIX FLAGS DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ARLINGTON, TX 76011 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ERIC KAMMLAH The books are in the care of ► 621 SIX FLAGS DRIVE - ARLINGTON, TX 76011 Telephone No. \blacktriangleright (817) 385-8296 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning __ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the | 2022 calendar year, or tax year beginning | and e | ending | | |
|--------------------------------|-------------------|---|---------|---------------|--------------------------|--------------------------------|
| B c | heck if pplicable | C Name of organization | | | D Employer ident | ification number |
| | Addres | IBC YOUTH BOWLING, INC. | | | | |
| | Name change | | | | 47-1705 | 987 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | F | Room/suite | E Telephone numb | |
| | Final return/ | 621 SIX FLAGS DRIVE | Ι. | toom, outo | 800-343 | |
| | termin- ated | | ı | | G Gross receipts \$ | 2,588,521. |
| | Amend | | | | H(a) Is this a group | |
| | Application | F Name and address of principal officer: CHAD MURPHY | | | | es? Yes X No |
| | pendin | SAME AS C ABOVE | | | H(b) Are all subordinate | |
| ΙT | ax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a | a)(1) o | r 527 | | a list. See instructions |
| J۷ | Vebsit | e: WWW.BOWL.COM/YOUTH-RESOURCE-CENTER | | | H(c) Group exempt | tion number |
| | | organization: X Corporation Trust Association Other | | L Year | of formation: 2014 | M State of legal domicile: WI |
| Pa | ırt I | Summary | | | | |
| ø. | | Briefly describe the organization's mission or most significant activities: $\ \underline{\sf PR}$ | | | | |
| ű | ' | TO PROVIDE A SAFE, POSITIVE, AND FUN EN | IVII | RONMEN | NT FOR BOWL | ING |
| Activities & Governance | l | Check this box if the organization discontinued its operations or di | ispose | ed of more | than 25% of its net a | assets. |
| ove. | | | | | | 3 4 |
| ত প্ৰ | | Number of independent voting members of the governing body (Part VI, line 1 | | | | 4 2 |
| es | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | | 5 7 |
| ĭ | | Total number of volunteers (estimate if necessary) | | | | 150 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | 29,059. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | ····· | | 11,402. |
| | | | | | Prior Year | Current Year |
| ne | l | Contributions and grants (Part VIII, line 1h) | | | 122,750 2,200,249 | |
| en. | l | Program service revenue (Part VIII, line 2g) | | | 122,364 | 65,020. |
| Revenue | ı | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 193,219 | |
| | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 2,638,582 | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | | | 663,255 | |
| | l | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 003,233 | |
| | 45 . | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | | | 580,797 | |
| Expenses | 15 | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | |
| ens | loa i | Total fundraising expenses (Part IX, column (D), line 25) | | 0. | | • |
| Ä | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 1,527,775 | . 1,912,683. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 2,771,827 | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | -133,245 | |
| TC Se | | TO TO THE TEXT OF | | Ве | ginning of Current Yea | |
| ets (| 20 | Total assets (Part X, line 16) | | | 4,392,185 | . 3,655,080. |
| ASS | 21 | Total liabilities (Part X, line 26) | | | 729,594 | |
| Net Assets or Fund Balances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 3,662,591 | |
| Pa | ırt II | Signature Block | | | | |
| Und | er pena | ties of perjury, I declare that I have examined this return, including accompanying sche | edules | and stateme | ents, and to the best of | my knowledge and belief, it is |
| true, | correc | t, and collected by the collection of preparer (other than officer) is based on all information | of whi | ch preparer | | /2022 |
| | | | | | | /2023 |
| Sig | | Signature of officer oct 28 | | | Date | |
| Her | е | CHAD MURPHY, PRESIDENT | | | | |
| | | Type or print name and title | | | D | |
| | | Print/Type preparer's name Preparer's signature | | | Date Check | PTIN |
| Paid | - 1 | LACEY SILBERNAGEL, CPA LACEY SILBERN | AGE | <u>ь, ср</u> | 07/27/23 self-emp | |
| | arer | Firm's name CLIFTONLARSONALLEN LLP | | | Firm's EIN | 41-0746749 |
| Use | Only | Firm's address 100 MARITIME DRIVE, SUITE 2B | | | | 00 604 5500 |
| | | MANITOWOC, WI 54220 | | | Phone no. 9 | 20-684-5500 |
| May | the IF | S discuss this return with the preparer shown above? See instructions | | | | X Yes No |

| orm | 1990 (2022) IBC YOUTH BOWLING, INC. 47-1705987 Page 2 |
|-----|--|
| | 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. |
| 4 | |
| | 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 \$ |
| | 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. |
| | MEMBERS ADSO RECEIVE DISCOUNTS WITH VARIOUS ORGANIZATIONS: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 41. | (Code:) (Expenses \$1,839,700. including grants of \$561,090.) (Revenue \$1,355,638.) |
| 4b | |
| | 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 \$ 717,086. including grants of \$) (Revenue \$ 160,008.) |
| | |
| | |
| | PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | |
| 4d | PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP |

Page 3

Form 990 (2022) IBC YOUTH BOWLING, INC.
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------------|----------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 100 | 110 |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | _ <u> </u> | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| J | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | Ť | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ۰ | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| 0 | <i>,</i> . | 8 | | x |
| 9 | Schedule D, Part III | ۰ | | |
| 3 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV | ٿ | | |
| 10 | | 10 | | x |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | | 11a | Х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| 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 | 11c | | x |
| Ь | 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 | | | |
| ŭ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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 | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | 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 | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | Х |

232003 12-13-22

Page 4

IBC YOUTH BOWLING, INC.

| 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 | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | | 00 | х | |
| | Schedule J | 23 | Λ | |
| 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 | 24a | | X |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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 | | | |
| | | 25b | | x |
| 00 | Schedule L, Part I | 250 | | |
| 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% | | | 3,7 |
| | 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% controlled | | | |
| | 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 | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| · | | 200 | | x |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 334 | | _ <u></u> |
| J | | 35b | | 1 |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 330 | | \vdash |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | x |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | _^ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1,7 |
| | 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 |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | | | | _ |
| | 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 1a 35 | | | |
| b | | | | |
| c | | | | |
| J | (gambling) winnings to prize winners? | 1c | х | |
| | ∪ ∪ ·····g p··· ········ | | | |

232004 12-13-22

| ı aı | Statements negarding Other Instrings and Tax Compliance (continued) | | | | |
|--------|--|------------------------------|--|-----|----|
| _ | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a 7 | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | v | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | X | |
| 3a | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | Λ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | 1. | | x |
| h | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 4a | | |
| ь | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad | Scounts (ERAD) | | | |
| 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 transaction at any time during the tax year? | tion? | 5b | | X |
| C | 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 | | | | |
| ou | | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | <u> </u> | | |
| _ | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | | х |
| b | Tellise in 1914 | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file a Form 1098-C? | 7h | | |
| 8 | $\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintained$ | by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | | | 9a | | |
| b | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | ا مدا | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| 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: | 11a | | | |
| a h | Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against | i ia | | | |
| b | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | <u> </u> | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 12u | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | |
| 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 | | | | |
| | 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 | | Х |
| 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 | | | | |
| | 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 | | 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 act | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |

232005 12-13-22

Form 990 (2022)

IBC YOUTH BOWLING, INC.

47-1705987

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 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? 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ERIC KAMMLAH - (817)385-8296

Form **990** (2022)

621

11360727 131839 A351522

SIX FLAGS DRIVE, ARLINGTON,

76011

TX

Form 990 (2022) IBC YOUTH BOWLING, INC

47-1705987

<u> Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|----------------------|---------------------|--------------------------------|---|---------|--------------|------------------------------|--------------|------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | n an | compensation | compensation | amount of | | |
| | week | - | Cei ai | lu a u | II ecto | Tritus | (66) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | yee | m per | | 1099-NEC) | 1000 (420) | and related |
| | below | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key 6 | High | Former | | | |
| (1) CHAD MURPHY | 2.00 | | | | | | | | | |
| PRESIDENT | 40.00 | Х | | Х | | | | 0. | 406,615. | 38,195. |
| (2) FRANK DESOCIO | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 40.00 | Х | | Х | | | | 0. | 293,880. | 15,714. |
| (3) MELISSA MCDANIEL | 2.00 | 1 | | | | | | | | _ |
| DIRECTOR | 4.50 | Х | | | | _ | | 0. | 0. | 0. |
| (4) KEVIN KRAUSS | 2.00 | 1 | | | | | | _ | | _ |
| DIRECTOR | 12.50 | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | | | | | | | | | _ |
| | | - | | | | | | | | |
| | - | | | | | | | | | |
| | | - | | | | | | | | |
| | - | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| - | | | | | | | | | | |
| | | - | | | | | | | | |
| | - | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | • | _ | • | • | • | - | • | | 000 |

| Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | l Hig | ghes | t C | ompensated Employee | S (continued) | | | | |
|--|---|--|-----------------------|----------|--------------|------------------------------|--------|--|---|------------|--|---|----------|
| (A) Name and title | (B) Average hours per week (list any | Position (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 the | (E) Reportable compensation from related organization | on d | (F) Estimated amount of other compensation | | |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC/ 1099-NEC) | (W-2/1099-MIS 1099-NEC) | | orga and | om the anizati d relate Inizatio | on ed |
| | | | _ |) | × | T 8 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | F.0.0. 4 | 0.5 | - F | 2 0/ | 2.0 |
| 1b Subtotal c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 700,4 | 0. | | 3,90 | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | | | | | | |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? <i>If</i> "Yes, | " coi | mple | ete S | Sche | edule | J f | or such individual | | | 4 | х | |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con | | | | | | | | | | <u></u> | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest co | | | | | | | | | | pensat | ion fro | m | |
| the organization. Report compensation for (A) Name and business | | | ndin)NE | | ith c | or wi | thin | (B) Description of s | | C | (Comper | s) | <u> </u> |
| Tanto and pasinoos | addrood | 11/0 | 7141 | <u> </u> | | | | Becomption of e | or vices | | ompor | ioutioi | • |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi | | ot lin | nited | d to t | thos | | ted | above) who received mo | ore than | | | | |

IBC YOUTH BOWLING, INC.

Form 990 (2022) IBC YOU
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any lin | e in this Part VIII | | | |
|--|------|---|------------------------|---------------------|--------------------|----------------------|--------------------------------------|
| | | oricon il coricadio o cornaino a response e | in those to dirty lift | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | | | | | | | SECTIONS 212 - 214 |
| nts 1ts | 1 a | Federated campaigns 1a | | | | | |
| iral our | k | Membership dues 1b | | | | | |
| s, c | (| Fundraising events | | | | | |
| ar J | (| Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | Government grants (contributions) | | | | | |
| Sign | f | All other contributions, gifts, grants, and | | | | | |
| her | | similar amounts not included above 1f | 516. | | | | |
| 걸 | | Noncash contributions included in lines 1a-1f 1g \$ | | | | | |
| Sor | ŀ | Total. Add lines 1a-1f | | 516. | | | |
| <u> </u> | | Totali / (dd ii/los / d /) | Business Code | 0_0 | | | |
| | 2 8 | TOURNAMENT FEES | | 1,355,638. | 1 355 638 | | |
| /ice | _ | MEMBERSHIP DUES | 713990 | 763,487. | | | |
| er v | | CDOMCOD CHIED THOOME | 713990 | 173,133. | | 29,059. | |
| n S | | | 713330 | 1/3,133. | 144,074. | 49,039. | |
| Jrar 3e∖ | • | | | | | | |
| Program Service Revenue | • | • | | | | | |
| Д | | All other program service revenue | | | | | |
| | 9 | Total. Add lines 2a-2f | | 2,292,258. | | | |
| | 3 | Investment income (including dividends, interes | st, and | | | | |
| | | other similar amounts) | | 65,020. | | | 65,020. |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties | | 185,671. | | | 185,671. |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | , , | assets other than inventory 7a | () 5 11.15. | | | | |
| | | · | | | | | |
| 0 | K | Less: cost or other basis | | | | | |
| Revenue | | and sales expenses 7b Gain or (loss) 7c | | | | | |
| e e | | . , | | | | | |
| | | Net gain or (loss) | | | | | |
| ther | 8 8 | Gross income from fundraising events (not | | | | | |
| ð | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | | | | | |
| | | Less: direct expenses 8b | | | | | |
| | (| Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | k | Less: direct expenses 9b | | | | | |
| | (| Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | ** | 36,637. | | | | |
| | ŀ | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | , , | 7,515. | 7,515. | | |
| \dashv | , | | Business Code | .,5231 | , 5 2 3 4 | | |
| sn | 11 - | MISCELLANEOUS | 900099 | 8,419. | 8,419. | | |
| Jeo Teo | | | | <u> </u> | <u> </u> | | |
| Miscellaneous Revenue | k | | | | | | |
| Sce | (| | | | | | |
| Ξ | | All other revenue | | 0 /10 | | | |
| | | • Total. Add lines 11a-11d | | 8,419. | 2 270 122 | 20 050 | 250 601 |
| | 12 | Total revenue. See instructions | | 2,559,399. | <u> 4,419,133.</u> | ⊿9,059. | 250,691. |

Form 990 (2022) IBC YOUTH BOW Part IX Statement of Functional Expenses IBC YOUTH BOWLING, INC. 47-1705987 Page 10

| | tion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response | | his Part IX | | 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 | 561,090. | 561,090. | | |
| 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 | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 400.000 | 000 444 | 122 521 | |
| 7 | Other salaries and wages | 423,002. | 283,411. | 139,591. | |
| 8 | Pension plan accruals and contributions (include | 11 607 | F 02F | 2 060 | |
| | section 401(k) and 403(b) employer contributions) | 11,697. | 7,837. 50,050. | 3,860. | |
| 9 | Other employee benefits | 74,702. | | 24,652. | |
| 10 | Payroll taxes | 33,486. | 22,436. | 11,050. | |
| 11 | Fees for services (nonemployees): | | | | |
| a | | 10 500 | | 10 500 | |
| k | | 12,500. | | 12,500. | |
| C | 5 ······ | 23,945. | | 23,945. | |
| C | Lobbying | | | | |
| e | , , | | | | |
| f | · · · · · · · · · · · · · · · · · · · | | | | |
| Ć | ` ` | 406 201 | 406 201 | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 496,321. | 496,321. | | |
| 12 | Advertising and promotion | 49,649. | 49,649. | 0 000 | |
| 13 | Office expenses | 208,452. | 198,629. | 9,823. | |
| 14 | Information technology | 38,435. | | 38,435. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 272 012 | 272 012 | | |
| 17 | Travel | 373,813. | 373,813. | | |
| 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 | 01 402 | 01 402 | | |
| 22 | Depreciation, depletion, and amortization | 91,483. | 91,483. | 1 775 | |
| 23 | Insurance | 1,775. | | 1,775. | |
| 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 O.) | | | | |
| a | TINDACD | 339,625. | 339,625. | | |
| b | 31/33 DD C | 221,601. | 221,601. | | |
| | HOOD AND DELIEDAGE | 42,708. | 42,708. | | |
| | 1/E1/DED 411ED EUDENIAEA | 12,376. | 12,376. | | |
| | All other expenses | , | , | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,016,660. | 2,751,029. | 265,631. | 0 |
| <u></u> 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) | | | | |

Form 990 (2022)

Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|----------|--|----------------|-------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or | note to any li | ne in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 910,255. | 1 | 654,603. | |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | 109,252. | 4 | 1,511. | | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | ostantial con | tributor, or 35% | | | |
| | | controlled entity or family member of any of t | nese persons | s <u> </u> | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified persor | ns (as defined | | | |
| Assets | | under section 4958(f)(1)), and persons describ | oed in section | n 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 78,838. | 8 | 37,801. 70,065. |
| Ä | 9 | Prepaid expenses and deferred charges | | 17,900. | 9 | 70,065. | |
| | 10a | Land, buildings, and equipment: cost or othe | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 228,596. | | | |
| | b | Less: accumulated depreciation | 10b | 228,596. | 511,911. | 10c | 420,428. 2,470,672. |
| | 11 | Investments - publicly traded securities | 2,764,029. | 11 | 2,470,672. | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 4 200 105 | 15 | 2 (55 000 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 4,392,185. | 16 | 3,655,080. |
| | 17 | Accounts payable and accrued expenses | | | 27,850. | 17 | 84,497. |
| | 18 | Grants payable | 701 744 | 18 | 716 000 | | |
| | 19 | Deferred revenue | | 701,744. | 19 | 716,898. | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| ies | 22 | Loans and other payables to any current or fo | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | 00 | |
| Lia | 00 | controlled entity or family member of any of t | · · | | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrelative units and loans payable to units and loans pay | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | 23 | parties, and other liabilities not included on li | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 729,594. | 26 | 801,395. |
| | | Organizations that follow FASB ASC 958, o | heck here | X | , | | 33=7323 |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | . , , , | | | 3,662,591. | 27 | 2,853,685. |
| Bala | 28 | | | | | 28 | |
| 힏 | | Organizations that do not follow FASB ASC | | | | | |
| 교 | | and complete lines 29 through 33. | • | _ | | | |
| ō | 29 | Capital stock or trust principal, or current fun | ds | | | 29 | |
| ets: | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | [| 3,662,591. | 32 | 2,853,685. |
| | 33 | Total liabilities and net assets/fund balances | | | 4,392,185. | 33 | 3,655,080. |
| | | | | | - | | Form 990 (2022) |

| Form | 1990 (2022) IBC YOUTH BOWLING, INC. | 47-17 | 05987 | Page | 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 | 2,559 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,016 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -457 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,662 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -351 | ,64 | <u>5.</u> |
| 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 | 2,853 | ,68 | <u>5.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u>L</u> | |
| | | | ` | Yes I | 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 | | <u>X_</u> |
| | 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 | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | 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 | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form 9 | 990 (20 | 022) |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

IBC YOUTH BOWLING, INC. 47-1705987 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

IBC YOUTH BOWLING, INC.

47-1705987 Page 2

| Part II | Suppor | t Schedule for Org | ganizations l | Described in S | Sections | 170(b)(1)(A)(iv) a | nd 170(b)(1)(A)(vi) |
|---------|--------|--------------------|---------------|----------------|----------|--------------------|---------------------|

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|---------------------|---------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | 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) | | | | | | |
| _ | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | () 0000 | ()) 000 (| | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | 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 | | | | | | |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for the | · · | | | | · · | |
| | organization, check this box and stor | · · | | • | | | |
| Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | livided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2022. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | nore, check this bo | x and |
| | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies | | - | | | | |
| b | 33 1/3 % support test - 2021. If the o | organization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | • | • • • | | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not | check a box on lin | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | * | - | | Ц |
| b | 10% -facts-and-circumstances test | ū | | | | • | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circu | | - | | | | |
| 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 | | |
| | | | | | | Schedule A | (Form 990) 2022 |

232022 12-09-22

Schedule A (Form 990) 2022 IBC YOUTH BOWLING, INC.

47-1705987 Page 3

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.)

| Sec | qualify under the tests listed betion A. Public Support | elow, please comp | lete Part II.) | | | | |
|-----|--|-----------------------------|------------------------|------------------------|--------------------|----------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (a) 2010 | (6) 2010 | (0) 2020 | (4) 2021 | (6) 2022 | (i) rotai |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 668,717. | 1086081. | 127,900. | 122,750. | 516. | 2005964. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2695050. | 2694658. | 772,655. | 2231592. | | 10693791. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 3363767. | 3780739. | 900,555. | 2354342. | 2300352. | 12699755. |
| | Amounts included on lines 1, 2, and | | | - | | | |
| | 3 received from disqualified persons | 669,361. | 1086081. | 54,500. | | | 1809942. |
| 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 | | | | | | 0. |
| c | Add lines 7a and 7b | 669,361. | 1086081. | 54,500. | | | 1809942. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 10889813. |
| | ction B. Total Support | Г | | Г | | r | г |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3363767. 215,616. | 3780739. 239,897. | 94,819. | 2354342. | | 1040945. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 215,616. | 239,897. | 94,819. | 239,922. | 250,691. | 1040945. |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | 29,059. | 29,059. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 18,285. | 14,142. | 5,686. | 19,163. | 8,419. | 65,695. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 3597668. | 4034778. | 1001060. | 2613427. | 2588521. | 13835454. |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, t | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, |
| | | | | | | | ····· |
| | ction C. Computation of Publi | | | | | Г | |
| 15 | Public support percentage for 2022 (I | ine 8, column (f), d | ivided by line 13, c | column (f)) | | 15 | 78.71 % |
| 16 | Public support percentage from 2021 | | | | | 16 | 73.36 % |
| Sec | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colun | nn (f), divided by lii | ne 13, column (f)) | | 17 | 7.52 % |
| 18 | Investment income percentage from 2 | • | | | | 18 | 6.41 % |
| 19a | 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar | | | | | | 7 is not |
| h | 33 1/3% support tests - 2021. If the | | | | | | |
| - | line 18 is not more than 33 1/3%, che | • | | | • | • | |
| | Private foundation If the organization | | | | | | |

232023 12-09-22

Schedule A (Form 990) 2022

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) 2022

Part IV | Supporting Organizations

(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

- 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.)

| | Yes | No |
|------|-----|----|
| | | |
| | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| За | | |
| | | |
| 3b | | |
| 0.0 | | |
| 3с | | |
| - 55 | | |
| 4a | | |
| | | |
| 41- | | |
| 4b | | |
| | | |
| 4c | | |
| -10 | | |
| | | |
| 5a | | |
| - Cu | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
| - | | |
| 7 | | |
| | | |
| 8 | | |
| - | | |
| 9a | | |
| - Ju | | |
| 9b | | |
| | | |
| 9с | | |
| _ | | |
| 40- | | |
| 10a | | |
| 10b | | |

232024 12-09-22

Schedule A (Form 990) 2022

2025 12-09-22 Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

5

Depreciation and depletion

IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2022

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

47-1705987 Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3.

5

2

3

4 5

6

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

| _ 8 | Adjusted Net income (subtract lines 5, 6, and 7 from line 4) | Ö | | |
|------|---|----|----------------|--------------------------------|
| 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 | | |
| | | | | |

emergency temporary reduction (see instructions). 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) 2022

Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

47-1705987 Page 7 IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i

Schedule A (Form 990) 2022

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

| Schedule A | (Form 990) 2022 I | BC YOUTH | BOWLING, | INC. | 47-1705987 Page 8 |
|------------|---|--|---|--|--|
| Part VI | Supplemental Information Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; at 10 section D, lines B, at 10 section D, at | 3b, 3c, 4b, 4c, 5 s 2 and 3; Part I | a, 6, 9a, 9b, 9c, 11 V, Section E, lines | quired by Part II, line 10; Part II, lin a, 11b, and 11c; Part IV, Section 1c, 2a, 2b, 3a, and 3b; Part V, line d 6. Also complete this part for an | ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, : 1; Part V, Section B, line 1e; Part V, |
| | (See instructions.) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

IBC YOUTH BOWLING, INC.

Employer identification number 47-1705987

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | s or Accounts. Complete if the |
|-----|--|--|---------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6 | 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wri | iting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adv | risors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or d | lonor advisor, or for any other purpose | conferring |
| | | | |
| Par | t II Conservation Easements. Complete if the organ | nization answered "Yes" on Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ` | |
| | Preservation of land for public use (for example, recreation | on or education) Preservation of | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| _ | | | |
| b | | | |
| C | Number of conservation easements on a certified historic struct | () | 2c |
| d | Number of conservation easements included in (c) acquired after | • | |
| _ | | | |
| 3 | Number of conservation easements modified, transferred, relea | sed, extinguished, or terminated by th | e organization during the tax |
| | year | and to be about | |
| 4 | Number of states where property subject to conservation easer | | • |
| 5 | Does the organization have a written policy regarding the period | | |
| 6 | violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, ha | | |
| U | Stan and volunteer hours devoted to monitoring, inspecting, ha | and emoreing con | iservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing conserva | ation easements during the year |
| • | 7 thount of expenses mounted in monitoring, inspecting, hardin | ig or violations, and ornorolling conserve | ation observer to during the year |
| 8 | Does each conservation easement reported on line 2(d) above s | satisfy the requirements of section 170 |)(h)(4)(B)(i) |
| _ | | , | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnot | • | |
| | organization's accounting for conservation easements. | 9 | |
| Par | | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for public | exhibition, education, or research in f | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its financi | al statements that describes these iter | ms. |
| b | If the organization elected, as permitted under FASB ASC 958, | to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public ex | xhibition, education, or research in furt | herance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | \$ |
| 2 | If the organization received or held works of art, historical treasures | | |
| | the following amounts required to be reported under FASB ASC | 0 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for | or Form 990. | Schedule D (Form 990) 2022 |

| Subjing the organization is acquisition, accession, and other records, chock any of the following that make significant use of its collection tems (check all that apply): | | dule D (Form 990) 2022 IBC YOU' | TH BOWLING | , INC | Z. | | v Othor | . Cimila | 47-17 | | |
|--|----------|--|-----------------------|--------------|-----------------|----------------|------------|------------|---------------|--------------|---|
| contributions (these kall that apply): a Provise adsorption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provise a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for paise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI, line 9, or Form 990, Part XI, line 21. Is the organization an agent, fustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part XI, line 21. Is the organization and agent, fustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part XI, line 21. Is the organization and agent, fustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part XI, line 21. Is a Beginning balance Distributions during the year Is foliations during the year Is foliation during the year Is foliation during the year Is considered the part of the part XIII Check here if the explanation has been provided on Part XIII Part VI Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bif Yes, "explain the arrangement in Part XIIII. Check here if the explanation has been provided on Part XIII Part VI Endowment Funds. Complete if the organization in the part of Part XIII Check here if the explanation has been provided on Part XIII Beginning of year balance Contributions Not investment earnings, gains, and losses Repair the explanation of the part of Part Part VIII Check here if the explanation in the part of Part VIII Check here if the explanation i | _ | • | | | | | | | | (continu | ued) |
| a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | 3 | | on, and other record | is, cneck | any of the f | following that | make si | gnificant | use of its | | |
| b Scholarly research e | _ | | , | | Loop or ove | hango progra | am. | | | | |
| c Preservation for future generations 4 Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, rid the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. 2 Is described an arrangement in Part XIII and complete the following table: 2 Provide a description of Part XIII Press, explain the arrangement in Part XIII and complete the following table: 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Press | | | | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Source and Custo dial Arrangements. Complete if the organization asswered. "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part IV, line 10, line | | • | • | | Other | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Feorow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an asquare, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance 1 | _ | | | | | | | | | | |
| Lobe sold for raise funds rather than to be maintained as part of the organization's collection? | | | • | | - | - | | | USE III Fait | AIII. | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2 Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete International Part XIII and complete the following table: Amount Id. | 3 | | | | | • | | | | Voc | No |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | | | | | | | | INU |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | 1 011 | | | icto ii tiic | organizatio | ii answered | 103 011 | 1 01111 00 | , r art iv, i | iii 10 0, 01 | |
| on Form 990, Part X? Fire | | • | • | diary for o | contribution | s or other ass | sets not i | included | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | Iu | | | | | | | | | Yes | No |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X III Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. 1a Beginning of year balance Ca) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Fo | h | | | | | | | | | 103 | 140 |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No bif 'Yes' so Reyalian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for Three years back) [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for Three years back) [b) Contributions c Net investment earnings, gains, and losses (for Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasie-indowment | | ii res, explain the arrangement iii arr xiii a | and complete the le | mownig t | abic. | | | | | Amount | |
| d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment | | Reginning halance | | | | | | 10 | | | |
| e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? | | | | | | | | | | | |
| t Ending balance | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses f Administrative expenses g End of year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | _ | | | | | | | | | | |
| Describe in Part XIII Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calcable Calca | | | | | | | | | | Vec | No |
| Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back | | _ | | | | | | • | | | 140 |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e) F | _ | | | | | | | | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g C Term endowment g The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 8,641. 8,641. 8,641. 0. e Other 640 ,383. 219 ,955. 420 ,428. | | Complete | | 1 | | | | | vears back | (e) Four | vears back |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 8,641. 8,641. 0. e Other. 9,420,428. | 12 | Reginning of year halance | (a) carrerre year | (2): | , | (-) | - Duon | (4) | y our o suon | (5) : 54: | , , , , , , , , , , , , , , , , , , , |
| c Net investment earnings, gains, and losses d Grants or scholarships | | | | | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | е | · ' | | | | | | | | | |
| g End of year balance | | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | | | |
| a Board designated or quasi-endowment | _ | | ant year and balanc | o (lino 1e | , column (o |)) hold as: | | | | | |
| b Permanent endowment | | | • | • | j, coluitiit (a |)) Helu as. | | | | | |
| c Term endowment | _ | | | —70 | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 4 Land 5 Buildings c Leasehold improvements d Equipment 6 Equipment 8 , 641 8 , 641 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | D | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Re | C | | , - | | | | | | | | |
| rorganization by: (i) Unrelated organizations (ii) Related organizations (iii) (iii) Related organizations (iii) Related organizations (iii) (| 2- | | • | ation tha | t ara bald ar | ad administar | ad far th | • | | | |
| (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value | Sa | · | ssion of the organiz | ation tha | t are rielu ar | iu auminister | ea for th | e | | Γ, | Ves No |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 8 , 641 • 8 , 641 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • | | , | | | | | | | | | 100 110 |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other On Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 8, 641. 8, 641. 0. 640, 383. 219, 955. 420, 428. | | | | | | | | | | | +- |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land buildings culture Leasehold improvements description (a) Equipment basis (a) Buildings culture basis (a) Buildings c | L | (ii) Related organizations | tions listed as requi | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land buildings c Leasehold improvements d Equipment 8,641. 8,641. 0. e Other 640,383. 219,955. 420,428. | | | | | | | | | | 30 | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Co) Accumulated depreciation (d) Book value 8, 641. 8, 641. 8, 641. 0. 640, 383. 219, 955. 420, 428. | | | | willelit i | urius. | | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 8, 641. 8, 641. 9. 640, 383. 219, 955. 420, 428. | | | | 0 Part IV | line 11a S | See Form 990 | Part X | line 10 | | | |
| tal Land basis (investment) basis (other) depreciation b Buildings c Leasehold improvements d Equipment 8,641. 8,641. 0. e Other 640,383. 219,955. 420,428. | | | | | | | | | tod | (al) Dools | value |
| 1a Land b Buildings c Leasehold improvements d Equipment 8,641. 8,641. 0. e Other 640,383. 219,955. 420,428. | | Description of property | 1 ' ' | | | | | | | (u) book | value |
| b Buildings C Leasehold improvements c Leasehold improvements 8,641. 8,641. 0. e Other 640,383. 219,955. 420,428. | 10 | Land | <u> </u> | | 54010 | (54.101) | 40 | r. colatio | | | |
| c Leasehold improvements 8,641. 8,641. 0. d Equipment 640,383. 219,955. 420,428. | | | | | | | | | | | |
| d Equipment 8,641. 8,641. 0. e Other 640,383. 219,955. 420,428. | | | | | | | | | | | |
| e Other 640,383. 219,955. 420,428. | | | | | | 8 641 | | 8 6 | 41 | | 0 |
| | | | I | | | | | | | 420 | |
| | | | | V 0-1::: | | | | | | | |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 IBC YOUTH B | OWLING, INC. | 47- | -1705987 Page 3 |
|--|-----------------------------|---|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | <u> </u> | |
| (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) | | | |
| Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| 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, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| · · · · · · · · · · · · · · · · · · · | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | <u> </u> | | |
| Part X Other Liabilities. | 5 70.7 | | |
| 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) | | | |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) line | e 25.) | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote to | the organization's financial statements the | at reports the |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check he | ere if the text of the footnote has been pro- | vided in Part XIII |

232053 09-01-22

Schedule D (Form 990) 2022

| Par | dule D (Form 990) 2022 IBC YOUTH BOWLING, INC. | | | | L705987 | Page 4 |
|---------------------------------|--|--------------------|--------------------------------|---------------|-------------------|--------|
| | t XI Reconciliation of Revenue per Audited Financial Statem | | Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | 0.050 | 150 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,253, | 152. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | 251 645 | | | |
| a | Net unrealized gains (losses) on investments | | -351,645. 16,276. | - | | |
| b | Donated services and use of facilities | | 16,2/6. | - | | |
| С. | Recoveries of prior year grants | 1 | 29,122. | - | | |
| d | Other (Describe in Part XIII.) | | | | _306 | 247 |
| e | Add lines 2a through 2d | | | 2e 3 | | 300 |
| 3 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 3 | 4,339, | 399. |
| 4 | Investment expenses not included on Form 990, Part VIII, line 7b | ا مه ا | | | | |
| a b | | | | - | | |
| b | Other (Describe in Part XIII.) Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,559, | |
| | t XII Reconciliation of Expenses per Audited Financial Stater | nents With | Expenses per F | | | 333. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | • | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,062, | 058. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | -,, | |
| a | Donated services and use of facilities | 2a | 16,276. | | | |
| b | Prior year adjustments | | · • | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | 29,122. | | | |
| е | Add lines 2a through 2d | | • | 2e | 45, | 398. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,016, | 660. |
| 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 | | | | |
| b c | Add lines 4a and 4b | · | | 4c | | 0. |
| c 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | | | 4c 5 | 3,016, | |
| c 5 | Add lines 4a and 4b | | | | 3,016, | |
| c 5 Pa i | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | | | 5 | - | 660. |
| 5 Pa i Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| 5 Pa i Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4; Part III, lines 1a and 4; Part | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| 5 Pa i Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4; Part III, lines 1a and 4; Part | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| 5 Pa i Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4; Part III, lines 1a and 4; Part | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| c 5 Pai Provi lines | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| c 5 Pai Provi lines | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Total expenses. Add lines 3 and 4; Part III, lines 1a and 4; Part | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | 660. |
| Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any action of the complete this part to provide any action of | art IV, lines 1b | and 2b; Part V, line 4 | 5 | x, line 2; Part X | , |
| Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac | art IV, lines 1b | and 2b; Part V, line 4 | 5 | - | , |
| Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any action of the complete this part to provide any action of | art IV, lines 1b | and 2b; Part V, line 4 | 5 | x, line 2; Part X | , |
| Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any action of the complete this part to provide any action of | art IV, lines 1b | and 2b; Part V, line 4 | 5 | x, line 2; Part X | , |
| c 5 Pail Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and the complete this part to | art IV, lines 1b | and 2b; Part V, line 4 | 5 | x, line 2; Part X | , |
| c 5 Pail Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any action of the complete this part to provide any action of | art IV, lines 1b | and 2b; Part V, line 4 | 5 | x, line 2; Part X | , |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, LINE 2D - OTHER ADJUSTMENTS: ST OF GOODS SOLD RT XII, LINE 2D - OTHER ADJUSTMENTS: | art IV, lines 1b | and 2b; Part V, line 4 | 5 | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and the complete this part to | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | x, line 2; Part X | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a and 4; Pa 2d and 4b; and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and 4c. (This must equal Form 990, Part II, lines 1a.) RT XII, LINE 2D - OTHER ADJUSTMENTS: RT OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, LINE 2D - OTHER ADJUSTMENTS: ST OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, LINE 2D - OTHER ADJUSTMENTS: ST OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |
| c 5 Pau Provi | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b; and Part XII, LINE 2D - OTHER ADJUSTMENTS: ST OF GOODS SOLD | art IV, lines 1b a | and 2b; Part V, line 4 nation. | 5 ; Part > | 29,1 | 22. |

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

| Name of the organization | | | | | | | Employer identification number |
|---|---------------------------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| IBC YOUTH | BOWLING, | INC. | | | | | 47-1705987 |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | | - | | | - | | |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | |
| | • • • • • • • • • • • • • • • • • • • | | | | | | |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | |
| 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) a Enter total number of other organization | - | | | | | | |

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

IBC YOUTH BOWLING, INC. 47-1705987 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance 0 SCHOLARSHIPS 10 10,000 JUNIOR GOLD SCHOLARSHIPS 1397 422,380 0. SURVIVOR SCHOLARSHIPS 149 65,275, 0 YOUTH OPEN SCHOLARSHIPS 500 63,435. 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.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

YOUTH BOWLING, INC. Employer identification number 47-1705987

IBC YOUTH BOWLING, INC. 47-1705987

Part I Questions Regarding Compensation

Yes N

A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990.

| | | | Yes | No |
|------------|---|---|----------|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following | g to or for a person listed on Form 990, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant informati | on regarding these items. | | |
| | First-class or charter travel Housin | g allowance or residence for personal use | | |
| | Travel for companions Payme | nts for business use of personal residence | | |
| | Tax indemnification and gross-up payments Health | or social club dues or initiation fees | | |
| | | al services (such as maid, chauffeur, chef) | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a writte | n policy regarding payment or | | |
| | reimbursement or provision of all of the expenses described above? If "No," of | complete Part III to explain | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing ex | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the ite | | | |
| | | | | |
| 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 me | thods used by a related organization to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | , , | | |
| | Compensation committee Writter | employment contract | | |
| | · | ensation survey or study | | |
| | | ral by the board or compensation committee | | |
| | | , i | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1 | a, with respect to the filing | | |
| | organization or a related organization: | | | |
| а | | 4: | a | Х |
| b | Participate in or receive payment from a supplemental nonqualified retiremen | | , | X |
| С | Participate in or receive payment from an equity-based compensation arrange | | ; | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amou | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp | lete lines 5-9. | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organizat | on pay or accrue any compensation | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5. | a . | X |
| b | Any related organization? | |) | 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 organizat | on pay or accrue any compensation | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6 | a | X |
| b | Any related organization? | |) | X |
| | 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 organizat | on provide any nonfixed payments | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If | | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption | | | |
| | Regulations section 53.4958-6(c)? | g | | |
| | Regulations section 53.4958-6(c)? | | | Ь |

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

Schedule J (Form 990) 2022

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 | I-2 and/or 1099-MISo 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) | 353,297. | 51,470. | 1,848. | 14,857. | 23,338. | 444,810. | 0. |
| (2) FRANK DESOCIO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VICE PRESIDENT | (ii) | 292,692. | 0. | 1,188. | 11,200. | 4,514. | 309,594. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | _ |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | l | |

| Schedule J (Form 990) 2022 IBC YOUTH BOWLING, INC. | 47-1705987 | Page 3 |
|--|--|----------|
| Part III Supplemental Information | | <u> </u> |
| Provide the information, explanation, 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 | lete this part for any additional information. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

| IBC YOUTH BOWLING, INC. | 47-1705987 |
|---|-------------------|
| FORM 990, PART 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 ME | MBERS MUST SIGN |
| OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINISTR. | ATION 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 | 4,700. |
| HA BOT BURGER REQUISTION AST NOTICE SEE THE INSTITUTIONS TOT FORM WILL OF WILLS / | |

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization IBC YOUTH BOWLING, INC. | Employer identification number 47-1705987 |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,700. |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 123,321. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 123,321. |
| CONSULTING: | |
| PROGRAM SERVICE EXPENSES | 248,963. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 248,963. |
| PHOTOGRAPHY & A/V PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 119,337. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 119,337. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 496,321. |
| | |
| | |
| | |
| | |

Schedule O (Form 990) 2022

IBC YOUTH BOWLING, INC.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-1705987

| (a) | (b) | (c) | (d) | (e |) | (f) | | |
|--|--|---|-------------------------------|--|-------------|--------------------------------|------|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | or Total inco | ome End-of-yea | ar assets | Direct controlling entity | | g |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiorganizations during the tax year. | zations. Complete if the organization | I answered "Yes" on Form 990 |), Part IV, line 34, | Decause it had one | e or more r | elated tax-exe | mpt | |
| (0) | | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | (f) t controlling entity | cont | g) 512(b)(13) rolled tity? |
| Name, address, and EIN | | 1 | Exempt Code | Public charity | | t controlling | cont | rolled |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 | Primary activity TO DEVELOP INTEREST AND | Legal domicile (state or | Exempt Code | Public charity status (if section | | t controlling | cont | rolled tity? |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR | Primary activity | Legal domicile (state or | Exempt Code section | Public charity status (if section | 1 | t controlling | cont | rolled tity? |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code | Public charity status (if section 501(c)(3)) | | t controlling | cont | rolled tity? |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | 1 | t controlling | cont | rolled tity? |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA - 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | 1 | t controlling | cont | rolled tity? |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA - 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if sectior 501(c)(3)) | N/A | t controlling | cont | No X |
| Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA - 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if sectior 501(c)(3)) | N/A | t controlling | cont | No X |
| Name, address, and EIN | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if sectior 501(c)(3)) | N/A | t controlling | cont | No X |

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 IBC YOUTH BOWLING, INC.

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.

| (b) | (c) | (d) | (e) | (f) | (g) | (ł | ո) | (i) | (j |) | (k) | | |
|------------------|--------------------------------|--|---|--|--|--|---|---|--|--|---|--|-------------------------|
| Primary activity | Legal domicile (state or | (state or | (state or | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | me end-of-year | Disproportionate allocations? | | amount in box | managing partner? | | Percentage ownership |
| | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Primary activity Legal domicile (state or foreign | Primary activity Legal Direct controlling | Primary activity Legal Direct controlling Predominant income | Primary activity Legal domicile (state or foreign Core foreig | Primary activity Legal Direct controlling Predominant income Share of total Share of | Primary activity Legal domicile (state or foreign State or foreign Predominant income (related, unrelated, excluded from tax under Share of total income Share of total income Share of end-of-year assets Disprop | Primary activity Legal domicile (state or foreign state or foreign controlling controlling | Primary activity Legal domicile (state or state or sta | Primary activity Legal domicile (state or entity) | Primary activity Legal domicile (state or foreign price) entity Direct controlling entity Predominant income (related, unrelated, excluded from tax under) Predominant income (related, unrelated, excluded from tax under) Share of total Share of end-of-year assets allocations? Disproportionate allocations? 20 of Schedule | | |

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 country) | (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 | | Section 512(b)(13) controlled entity? Yes No | |
|--|-----------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|-----|---|--|
| | | Country) | | | | | | Yes | No_ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Schedule R (Form 990) 2022 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 | e: 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 | s with one or more re | elated organizations listed i | n 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 | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х | |
| | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | |
| g Sale of assets to related organization(s) | | | | | | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х | |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х | |
| 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 | | Х | |
| | I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | |
| | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | |
| o Sharing of paid employees with related organization(s) | | | | | | | | |
| | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х | |
| - | • | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х | |
| | | | | | 1s | | Х | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on wh | | | | | | | |
| | (a) | (b) | (c) | (d) | | | | |
| | (a) Name of related organization | Transaction | Amount involved | Method of determining amount in | volved | | | |
| | | type (a-s) | | | | | | |
| | | | | | | | | |
| 1) | | | | | | | | |
| | | | | | | | | |
| 2) | | | | | | | | |
| | | | | | | | | |
| 3) | | | | | | | | |
| | | | | | | | | |
| 4) | | | | | | | | |
| | | | | | | | | |
| 5) | | | | | | | | |
| | | | | | | | | |
| 6) | | | | | | | | |

Schedule R (Form 990) 2022 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) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |

| Schedule R | (Form 990) 2022 | IBC | YOUTH | BOWLING, | INC. | | 47-1705987 | Page 5 |
|------------|---------------------------------------|--------------|-------------|-------------------|---------------------------|------|------------|--------|
| Part VII | (Form 990) 2022 Supplemental Infor | mation | | - | | | | |
| | Provide additional inform | | senonese to | o augetione on Sc | hadula R. Saa instruction | ne | | |
| - | Frovide additional illionii | ation for te | esponses it | yuesilons on sc | nedule n. See instruction | 115. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Name: | IBC YOUTH BOW | ING INC. | | | | | | | | FEIN: | 47-1705987 |
|-------------------------|--|-------------------------|---|--------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | and Entity: ONL: 382 Annual Limitation | INE ADVERTISIN | G POST-2017 NO Section 382 Carryover | DL FE | DETAIL C | ARRYOVER SCH | IEDULE | | | | |
| Year Origi- nated | Original Carryover | Total Amount Used | Amount Used for 12/31/21 | Amount Used for 12/31/22 | Amount Used for |
| 2020 | 15,254. | 15,254. | 14,518. | 736. | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Detail Type | E Amount S Used for B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | _ | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

IBC YOUTH BOWLING, INC.

47-1705987

Form **990-W** (Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

2023

| | ► Keep for your records. Do not send to the Internal Revenue Service. | | | | | | | |
|-----|---|---------|----------|----------|---------|-----|---------------|--|
| 1 | Unrelated business taxable income expected in the tax years | ear | | | | 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 o | | | | | | | |
| h | estimated tax payments Enter the tax shown on the 2022 return. Caution: If | | | 10a | | - | | |
| • | zero or the tax year was for less than 12 months, skip thi | is line | | | | | | |
| | | | | • | 2,394. | | | |
| C | 2023 Estimated Tax. Enter the smaller of line 10a or line | | | | | 40. | 2 400 | |
| | from line 10a on line 10c | <u></u> | (a) | (b) | (c) | 10c | 2,400. (d) | |
| | I | | , , | . , | | | | |
| 11 | Installment due dates | 11 | 04/18/23 | 06/15/23 | 09/15/2 | 3 | 12/15/23 | |
| 12 | Installments. Enter 25% of line 10c in | | | | | | | |
| 12 | columns (a) through (d) | 12 | 600. | 600. | 6 | 00. | 600. | |
| 13 | 2022 Overpayment | 13 | 600. | 600. | | 6. | | |
| 10 | ZOZZ Overpayment | 10 | 000. | | | | | |
| 14 | Payment due (Subtract line 13 from line 12) | 14 | | | 5 | 94. | 600. | |

Form **990-W**

ESTIMATED TAX 2,400.

OVERPAYMENT APPLIED 1,206.

AMOUNT DUE 1,194.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

Department of the Treasury

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN IBC YOUTH BOWLING, INC.

47-1705987

CHAD MURPHY Name and title of officer or person subject to tax PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b | |
|--|---------------|
| | |
| 4a Form 900 PE check here h Tay based on investment income (Form 900 PE Part V. line 5) | |
| Tax based on investment income (Form 990-FF, Fait V, line 3) | |
| 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b | |
| 6a Form 990-T check here X b Total tax (Form 990-T, Part III, line 4) 6b 2 | .394 . |
| 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b | |
| 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b | |
| 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9b | |
| 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b | |
| Part II Declaration and Signature Authorization of Officer or Person Subject to Tax | |

Under penalties of periury. I declare that X I am an officer of the above entity or Lam a person subject to tax with respect to (name

| of entity) | , (EIN) | and that I have examined a copy of the |
|--|------------------|--|
| 2022 electronic return and accompanying schedules and statements, and, t | to the best of n | ny knowledge and belief, they are true, correct, and |

2022 electronic return and accompanying scriedules and statements, and, to the best of my knowledge and belief, they are tide, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and redesignated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PI | N: | check | one | box | only |
|----|----|-------|-----|-----|------|
| | | | | | |

| X authorize CLIFTONLARS | SONALLEN LLP | to enter my PIN | 41791 |
|---------------------------|---------------|-----------------|-------------------------|
| | ERO firm name | | Enter five numbers, but |

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program → will consent screen. 8/22/2023

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

39864741791

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

LACEY SILBERNAGEL, CPA

07/27/23 Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print IBC YOUTH BOWLING, INC. 47-1705987 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 621 SIX FLAGS DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ARLINGTON, TX 76011 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ERIC KAMMLAH The books are in the care of ► 621 SIX FLAGS DRIVE - ARLINGTON, TX 76011 Telephone No. \blacktriangleright (817) 385-8296 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3,600. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 600. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 3,000. using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions

| Form | 990-T | ר | OMB No. 1545-0047 | | | |
|----------------|---|--|-------------------|--|--|--|
| | | (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning , and ending | | 2022 | | |
| Depa Interr | rtment of the Treasury nal 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.) | DEmplo | oyer identification number | | |
| — В Б | exempt under section | Print IBC YOUTH BOWLING, INC. | 4 | 47-1705987 | | |
| | 501(c)(3) 408(e) 220(e) | or Type Number, street, and room or suite no. If a P.O. box, see instructions. 621 SIX FLAGS DRIVE | E Group | exemption number nstructions) | | |
| | 408A 530(a) 529(a) 529A | City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 76011 | _ _F | Check box if | | |
| | | C Book value of all assets at end of year | | an amended return. | | |
| G | Check organization | type X 501(c) corporation 501(c) trust 401(a) trust Other trust | State | college/university | | |
| <u>H</u> | Check if filing only to | o Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | |
| <u></u> | Check if a 501(c)(3) | organization filing a consolidated return with a 501(c)(2) titleholding corporation | | | | |
| <u>J</u> | Enter the number of | attached Schedules A (Form 990-T) | | 1 | | |
| | | was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No | | |
| | | ame and identifying number of the parent corporation. | = | | | |
| _ | The books are in car | | (817 |)385-8296 | | |
| Pa | | related Business Taxable Income | | | | |
| 1 | | business taxable income computed from all unrelated trades or businesses (see | | 10 400 | | |
| | , | | 1 | 12,402. | | |
| 2 | | | 2 | 10 400 | | |
| 3 | Add lines 1 and 2 | | 3 | 12,402. | | |
| 4 | | utions (see instructions for limitation rules) | 4 | 12,402. | | |
| 5 | | usiness taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 12,402. | | |
| 6 | | operating loss. See instructions | 6 | | | |
| 7 | | business taxable income before specific deduction and section 199A deduction. | _ | 12 402 | | |
| _ | Subtract line 6 from | | 7 | 12,402. | | |
| 8 | | n (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. | | |
| 9 | | 99A deduction. See instructions | 9 | 1,000. | | |
| 10 | | . Add lines 8 and 9 | 10 | 1,000. | | |
| 11 | | ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | 11 | 11,402. | | |
| Pa | enter zero art II Tax Com | putation | | 11,402. | | |
| 1 | | replie as corrections. Multiply Dort Line 11 by 219/ (0.21) | 1 | 2,394. | | |
| 2 | | trust rates. See instructions for tax computation. Income tax on the amount on | — | 2/3310 | | |
| _ | Part I, line 11 from | · | 2 | | | |
| 3 | Proxy tax. See ins | | 3 | | | |
| 4 | - | s. See instructions | 4 | | | |
| 5 | | um tax (trusts only) | 5 | | | |
| 6 | | liant facility income. See instructions | 6 | | | |
| 7 | | through 6 to line 1 or 2, whichever applies | 7 | 2,394. | | |
| LHA | | Reduction Act Notice, see instructions. | | Form 990-T (2022) | | |

Form 990-T (2022) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 2,394. 2 Subtract line 1e from Part II, line 7 Form 4255 | Form 8611 | Form 8697 Other amounts due. Check if from: 3 Other (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 600. Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 6b 3,000 Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Form 2439 Other credits, adjustments, and payments: Form 4136 Other 3,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 1.206 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2023 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover 736. 541800 \$ \$ Х **6a** Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain</u> in Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and costiglies. By colaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with 8/22/2023 Here PRESIDENT the preparer shown below (see Signature of office oc 428. instructions)? X Yes Date Date if PTIN Print/Type preparer's name Preparer's signature Check LACEY SILBERNAGEL, LACEY SILBERNAGEL, self- employed **Paid** 07/27/23 CPACPA P01245590 **Preparer** CLIFTONLARSONALLEN LLP 41-0746749 Firm's name Firm's EIN Use Only 100 MARITIME DRIVE, SUITE 2B MANITOWOC, WI 54220 Phone no. 920-684-5500Firm's address Form 990-T (2022) 223711 01-16-23

43

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal 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

| | | | | | | ou i(c)(3) Organi | zations Only |
|---------------------------------|--|---------|-------------------------|-----------------|-------------------------|-------------------|------------------|
| A Name of the org | ganization OUTH BOWLING, INC. | | | B Employe | er identificat 70598 | | |
| C Unrelated bus | siness activity code (see instructions) 54180 | 0 | | D Sequen | ce: 1 | of | 1 |
| E Describe the u | unrelated trade or business ONLINE ADVER | RTISII | NG | | | | |
| Part I Unre | lated Trade or Business Income | | (A) Income | (B) Expens | ses | (C) N | let |
| 1. Cross ressi | ata ay aglag | | _ | | | | |
| 1a Gross receip b Less returns | and allowances c Balance | 1c | | | | | |
| | ds sold (Part III, line 8) | 2 | | | | | |
| | Subtract line 2 from line 1c | 3 | | | | | |
| | net income (attach Schedule D (Form 1041 or Form | • | | | | | |
| | instructions | 4a | | | | | |
| ** | ss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | | | |
| | deduction for trusts | 4c | | | | | |
| | s) from a partnership or an S corporation (attach | | | | | | |
| • | sy norm a partitional por an elegation (attach | 5 | | | | | |
| | e (Part IV) | | | | | | |
| | ebt-financed income (Part V) | 7 | | | | | |
| | nuities, royalties, and rents from a controlled | | | | | | |
| · | n (Part VI) | 8 | | | | | |
| | income of section 501(c)(7), (9), or (17) | | | | | | |
| | ns (Part VII) | 9 | | | | | |
| | kempt activity income (Part VIII) | - | 29,059. | 13, | 943. | 15 | 5,116. |
| | Advertising income (Part IX) | | | | | | |
| | ne (see instructions; attach statement) | | | | | | |
| | bine lines 3 through 12 | | 29,059. | 13, | 943. | 15 | 5,116. |
| | ictions Not Taken Elsewhere See instruct | • | • | - | • | | |
| | tly connected with the unrelated business in | | ilmitations on dedu | ictions. Dec | iuctions | must be | |
| | | | | | Т.Т | | |
| | ion of officers, directors, and trustees (Part X) | | | | | | |
| | d wages | | | | | | |
| | I maintenance | | | | 1 1 | | |
| | | | | | 4 | | |
| | ach statement). See instructions | | | | | | 978. |
| 6 Taxes and li | | | ······ | | 6 | | 9/8. |
| | n (attach Form 4562). See instructions | | | | | | |
| | ciation claimed in Part III and elsewhere on return | | • | | 8b | | |
| | | | | | 9 | | |
| | ns to deferred compensation plans | | | | 10 | | |
| | enefit programs | | | | 11 | | |
| | mpt expenses (Part VIII) | | | | 12 | | |
| | dership costs (Part IX) | | GEE GWYWE | י אים אים אי | 13 | 1 | 000 |
| | ctions (attach statement) | | | | 14 | | .,000. .,978. |
| | • | | no 15 from Dort Line 10 | | 15 | | ., 3/0• |
| | usiness income before net operating loss deduction. S | | | | 40 | 1 3 | 3,138. |
| column (C) | ov not appearing loss. Con instructions | | стмт э | STMT 4 | 16 | т 3 | 736. |
| | or net operating loss. See instructionsousiness taxable income. Subtract line 17 from line 1 | | | | 17 | 1 2 | 2,402. |
| | work Reduction Act Notice, see instructions. | <u></u> | | | | | 90-T) 2022 |
| ∟ı∧ ı∪ırapeı\ | | | | | Jonesaule | ~ (1 01111 3 | |

1

| | ule A (Form 990-T) 2022 | | | | Page 2 |
|-----------|--|---------------------------|----------------------------|-------------------|----------|
| Part | III Cost of Goods Sold Enter meth | nod of inventory valuat | tion | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | 3 | |
| 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 | | | _ | |
| 9 | Do the rules of section 263A (with respect to property p | | | | Yes No |
| Part | | | | | ··· |
| 1 | Description of property (property street address, city, s | | _ | | |
| - | A | | | 5.1.5.1.6. | |
| | В | | | | |
| | c \square | | | | |
| | D | | | | |
| | | Α. | В | С | |
| • | Rent received or accrued | Α | В | U | <u>U</u> |
| 2 | | | | | |
| а | From personal property (if the percentage of | | | | |
| | 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 | | | | |
| | | | | | • |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter here | and on Part I, line 6, co | lumn (A) | 0. |
| | Deductions directly connected with the income | | | | |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| | | | | | |
| 5 | Total deductions. Add line 4 columns A through D. En | ter here and on Part I, | line 6, column (B) | | 0. |
| Part | V Unrelated Debt-Financed Income (se | ee instructions) | | | |
| 1 | Description of debt-financed property (street address, of | city, state, ZIP code). C | Check if a dual-use. See i | nstructions. | |
| | A 🔛 | | | | |
| | В 💹 | | | | |
| | c | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, | | | | |
| · | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| 7 | to dolo the Common of many order (attacks at a total and a total a | | | | |
| E | | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| • | financed property (attach statement) | 0.4 | 0/ | 0.0 | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | Fortuna : = | | | |
| 8 | Total gross income (add line 7, columns A through D). | . ∟nter nere and on Pa | ιτ i, line /, column (A) | ····· | 0. |
| _ | | | Т | Т | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | (5) | |
| 10 | Total allocable deductions. Add line 9, columns A thr | | | | 0. |
| <u>11</u> | Total dividends-received deductions included in line | 10 | | | 0. |

Schedule A (Form 990-T) 2022

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| Part VI Interest, Annu | uities, Ro | oyalties, and Re | ents fror | n Control | led Or | ganizations | see instruct | ions) | |
|---|-------------|------------------|---------------|-----------------------------|---|--|-----------------------------------|---------|---|
| | | | | | E | xempt Contro | lled Organization | s | |
| 1. Name of controlle | d | 2. Employer | 3. Net | unrelated | 4. Tota | al of specified 5. Part of colu | | | 6. Deductions directly |
| organization | | identification | incon | ne (loss) | payn | nents made | that is included controlling orga | | connected with |
| | | number | (see ins | structions) | | | tion's gross inc | ome | income in column 5 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | No | nexempt (| Controlled O | rganizati | ons | | | |
| 7. Taxable Income | | Net unrelated | | otal of specif | | | of column 9 | | Deductions directly |
| | | ncome (loss) | pa | yments mad | е | | cluded in the organization's | | connected with |
| | (see | e instructions) | | | | | income | ind | come in column 10 |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | | | nns 5 and 10. | | d columns 6 and 11. |
| | | | | | | Enter here and on Part I, Enter here and on Part Iine 8, column (A) line 8, column (B) | | , | |
| | | | | | | | , , | · | , , , |
| Totals | | - (- 0 - 1' 50 | 4/-\/7\ / | (0) (47) | • | <u> </u> | 0. | | 0. |
| | | of a Section 50 | 1(C)(7), (| | | 1 | ee instructions) | | E = 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |
| 1. Desc | cription of | income | | 2. Amou incon | | 3. Deduction | | | 5. Total deductions and set-asides |
| | | | | 1110011 | | (attach state | , | atemer | (add cols 3 and 4) |
| (4) | | | | | | 1 | | | |
| <u>(1)</u> (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (4) | | | | Add amou | unts in | | | | Add amounts in |
| | | | | column 2 | . Enter | | | | column 5. Enter |
| | | | | here and or line 9, colu | , | | | | here and on Part I, line 9, column (B) |
| Totals | | | | line 9, con | 0. | | | | 0. |
| | xempt A | Activity Income, | Other 1 | Than Adve | | Income | see instructions) | | J |
| Description of exploite | | | | | | , | occ monucions) | | |
| 2 Gross unrelated busin | - | | | r here and o | n Part I | line 10. colum | n (A) | 2 | 29,059. |
| | | | | | | | | | -, |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | 3 | 13,943. | | | |
| 4 Net income (loss) from | | | | | | | | | ., |
| | | | | | | | 4 | 15,116. | |
| 5 Gross income from ac | | | | | | | | 5 | 0. |
| 6 Expenses attributable | | | | | | | | 6 | 0. |
| 7 Excess exempt expension | | | | | | | | | |
| 4. Enter here and on F | | | | | | | | 7 | 0. |
| | | | | | | | | | - A (F 000 T) 0000 |

Schedule A (Form 990-T) 2022

1

| Sched Part | ule A (Form 990-T) 2022 IX Advertising Income | | | | | Page 4 |
|---------------|---|---------------|----------------------|----------------------|-------------------------------|--|
| 1 | Name(s) of periodical(s). Check box if reporting A B C C | ng two or mo | ore periodicals on a | a consolidated basi | S. | |
| | D | | | | | |
| Enter a | amounts for each periodical listed above in the | correspond | ing column. | T | <u> </u> | |
| _ | | - | Α | В | С | D |
| 2 | Gross advertising income | | 11 ook man (A) | | | 0. |
| а | Add columns A through D. Enter here and on | rart i, iirie | i i , column (A) | | | |
| 3 | Direct advertising costs by periodical | Г | | | | |
| а | Add columns A through D. Enter here and on | | 11. column (B) | L | L | 0. |
| - | | | (=) | | | |
| 4 | Advertising gain (loss). Subtract line 3 from lin | ne [| | | | |
| | 2. For any column in line 4 showing a gain, | | | | | |
| | complete lines 5 through 8. For any column in | n | | | | |
| | line 4 showing a loss or zero, do not complete | I . | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income 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 zero | I | | | | |
| 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 | L | | | | |
| а | Add line 8, columns A through D. Enter the g | reater of the | line 8a, columns t | otal or zero here an | nd on | |
| Dort | X Compensation of Officers, Dir | | and Tructoo | | | 0. |
| Part | Compensation of Officers, Dif | rectors, a | ina rrustees | see instructions) | 2 Dercenters | 4 Componentian |
| | 1. Name | | 2. Title | | 3. Percentage of time devoted | Compensation attributable to |
| | 1. Ivaine | | 2. 1100 | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| _ | | | | | | • |
| | Enter here and on Part II, line 1 | | | | | 0. |
| Part | XI Supplemental Information (se | ee instructio | ns) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | BOWLING. | |
|-------|-------|-----------|------------|
| | | | |
| T D(* | TOOTH | DOM TIME. | T TA (* • |

| IBC YOUTH BOWLING, INC | <u>•</u> | | | | 47- | 1705987 |
|---|----------|-------------------------------|----------------|----------------------|--------------------|--------------------|
| FORM 990-T (A) | | OTHER DEDUCTION |)NS | | STATEM | ENT 1 |
| DESCRIPTION | | | | | АМО | UNT |
| TAX PREP FEES | | | | | | 1,000. |
| TOTAL TO SCHEDULE A, PA | ART II, | LINE 14 | | | | 1,000. |
| FORM 990-T (A) | | POST 2017 NOL SCHE | DULE | | STATEM | ENT 2 |
| PRIOR YEAR POST 2017 NOL | | NOL DEDUCTION | | CARRYFOI POST 201 | RWARD OF 17 NOL | |
| 736. | | 736. | | | 0. | |
| 990-T SCH A PO | OST-201 | .7 NET OPERATING I | OSS DEDUC | CTION | STATEM | ENT 3 |
| TAX YEAR LOSS SUSTA | INED | LOSS PREVIOUSLY APPLIED | LOSS REMAIN | ING | AVAILA THIS Y | |
| 12/31/20 15, | 254. | 14,518. | | 736. | | 736. |
| NOL CARRYOVER AVAILABLE | E THIS | YEAR | | 736. | | 736. |
| SCH A (990-T) | SCHEI | DULE A NOL DETAIL | | | STATEM | ENT 4 |
| TAXABLE INCOME FROM ATTHIS ENTITIES PORTION | | | | | | 13,138. 13,138. |
| THIS ENTITIES PERCENTA | | | | SS | | 100.00% |
| TAXABLE INCOME AFTER 180% INCOME LIMITATION | PRE-201 | 18 NET OPERATING I | oss | | | 13,138. 10,510. |
| POST-2017 AVAILABLE LESSER OF POST-2017 NI | ET OPEF | RATING LOSS OR 808 | s LIMITAT | ION | | 736. 736. |

IBC YOUTH BOWLING, INC.

| FORM 990-T (A) PART VIII - EXPENSES DIR PRODUCTION OF UNRELATE | | - | STATEMENT 5 |
|--|--------------------|---------|-------------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| ADVERTISING SERVICES EXPENSE - SUBTOTAL - | 1 | 13,943. | 13,943. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VI | II, COLUMN | 3 | 13,943. |

EXTENSION PAYMENT

| 287551 10-31-22 | ▼ | cut here ▼ | |
|---|---|--|---|
| 2022 Form Corp-ES | Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 | | |
| Federal Employer ID Number 47 1705987 Entity Name | | This estimated tax payment is fo X 2022 calendar year Fiscal year beginning Short taxable year beginnin ending | |
| IBC YOUTH BOWL: Number and Street 621 SIX FLAGS I City | • | Payments are due by the 15th day months of the taxable year and, by the 15th day of the 4th month | ay of the 4th, 6th, 9th, and 12th for corporations receiving extensions, n after the end of the taxable year. ning in April, the first estimated tax |
| ARLINGTON | TX 76011 | Amount of Paym | nent \$ 1750 . |

Please do not staple your payment to this voucher.

| Schedule A Computation of Estimated Tax and Econo | mic Developmen | t Surcharge | (A) Original Computation | (B) Amended Computation |
|--|---------------------------|-------------------------|-----------------------------|----------------------------|
| 1 Amount of total estimated net income expected in taxable year that | 12380 | | | |
| 2 Percentage of line 1 attributable to Wisconsin | | | 100.0000 | |
| 3 Amount of estimated net income attributable to Wisconsin (multiply | line 1 by line 2) | | 12380 | |
| 4 Franchise or income tax (for corporations, 7.9% of income on line 3; | trusts use trust rate | es) | 978 | |
| 5 Total estimated credits | | | | |
| 6 Net franchise or income tax (subtract line 5 from line 4) | | | 978 | |
| 7 Economic development surcharge (3% of line 4 for C corporations; S corporations) | rations and trusts see t | ax return instructions) | | |
| 8 Total estimated tax and economic development surcharge (add line | s 6 and 7) ** | 1,000 | 978 | |
| Schedule B Computation of Installments Due | | Installmen | t Number | |
| 1 Enter in columns 1 through 4 the installment due dates that correspond to | 1 | 2 | 3 | 4 |
| the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year. * | 04182023 | 06152023 | 09152023 | 12152023 |
| 2 If 4 installments are due, enter in each col. 1/4 of Schedule A, line 8, col. A. | | | | |
| If less than 4 installments are due, see instructions under "When to Pay." | 250 | 250 | 250 | 250 |
| 3 Enter any overpayment from your 2022 Form 4, 4T, 5S, or 6 (apply first | | | | |
| to col. 1 and carry any unused balance to col. 2, then col. 3, etc.). | 250 | 250 | 250 | 252 |
| 4 Installment amount (subtract line 3 from line 2). Enter here and on | | | | |
| installment vouchers. | | | | |
| Schedule C Computation of Amended Installment | s Due | | | |
| 1 Enter amended estimated tax and economic development surcharg | ge from Schedule A, | line 8, column B | | |
| 2 Enter: a Amount of overpayment from 2022 Form 4, 4T, 5S, or 6 offset | t against installments pa | aid to date a | | |
| b Amount of payments made to date | | b | | |
| 3 Total of payments and credits claimed to date (add line 2a and line | 2b) | | | |
| 4 Unpaid balance (subtract line 3 from line 1) | | | | |
| 5 Enter the due dates of remaining installments due (from Schedule B, In. 1) | | | | |
| 6 To determine the portion of line 4 to enter for each remaining | | | | |
| installment, see instructions under "Amended Installments" | | | | |
| 7 Enter the balance of 2022 overpayment - total overpayment credited from 2022 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 installments due (subtract line 7 from line 6) | | | | |
| Schedule D Record of Payments | | | | Total |
| 1 2022 overpayment from Form 4, 4T, 5S, or 6 | | | | |
| 2 Date paid | | | | |
| 3 Amount paid + | + | + | + ; | = |
| 4 Total 2023 payments (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).

| 287542 10-31-22 | cut here ▼ |
|--|--|
| 2023 Use this form only if your Corp.—FS Person to contact regarding payment: | m Estimated Tax Voucher ur taxable year begins in 2023 ERIC KAMMLAH 8173858296 Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15. |
| ARLINGTON TX 76011 Please do not staple your payment to this voucher. | Amount of Payment \$ |

| 287542 10-31-22 | cut here ▼ |
|--|--|
| 2023 Use this form only if your Corp.—FS Person to contact regarding payment: | m Estimated Tax Voucher ur taxable year begins in 2023 ERIC KAMMLAH 8173858296 Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15. |
| ARLINGTON TX 76011 Please do not staple your payment to this voucher. | Amount of Payment \$ |

| 287542 10-31-22 | cut here ▼ |
|--|--|
| 2023 Use this form only if your Corp.—FS Person to contact regarding payment: | m Estimated Tax Voucher ur taxable year begins in 2023 ERIC KAMMLAH 8173858296 Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15. |
| ARLINGTON TX 76011 Please do not staple your payment to this voucher. | Amount of Payment \$ |

| 287542 10-31-22 | cut here ▼ |
|--|--|
| 2023 Use this form only if your Corp.—FS Person to contact regarding payment: | m Estimated Tax Voucher ur taxable year begins in 2023 ERIC KAMMLAH 8173858296 Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax payment is due June 15. |
| ARLINGTON TX 76011 Please do not staple your payment to this voucher. | Amount of Payment \$ |

Form **4**T

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

Wisconsin Exempt Organization Business Franchise or Income Tax Return

| 2022 |
|------|
| |

For calendar year 2022 or tax year beginning 01 01 2022 and ending 12 31 2022

| M M D D Y Y Y Y | (| MMDDYY | <i>,</i> , , | |
|--|------------------|---------------------------------------|---------------------|--|
| Complete form using BLACK INK. Due Date: 15th day | of 5th month | (4th month for certain trusts | and IRAs) following | g close of taxable year. |
| Exempt Organization Name IBC YOUTH BOWLING, INC. | | | | |
| Number and Street 621 SIX FLAGS DRIVE | | | | Suite Number |
| City ARLINGTON | State TX | ZIP (+ 4 digit suffix if known) 76011 | A Federal Empl | |
| D Check ✓ if applicable and attach explanation: 1 Amended return (Include Schedule AR) 2 First return - new corporation or entering Wisconsin 3 Final return - corporation dissolved or withdrew 5 | Short period | | _ W ⊥ state in | nization and Year obreviation of box, or if a country, enter |
| Check ✓ if applicable and see instructions: E X If you have an extension of time to file, enter extended due date | 12 15 MM DD Y | | | |
| F If you have related entity expenses and are required to file Schedule RT with G If you changed your organization name | n this return | | | |
| H Internal Revenue Service adjustments became final during the year Enter years adjusted | | | | |
| I Check ✓ type of organization: | | J Name of Trustee if Tax | kable as Trust | |
| 1 X Corporation 2 Trust - due 4th month 3 Trust - du | ue 5th month | | | |
| ENTER NEGATIVE NUMBERS LIKE THIS | ➤ -1000 NO | OT LIKE THIS (1000) | N | O COMMAS; NO CENTS |
| Organizations Taxable as Corporations (Trusts do not fill in lii | _ | | | , _ |
| _1 Unrelated business taxable income (from federal Form 990 _2 Additions (from Part 1, Page 3) | | | | 11402 . 1714 . |
| 3 Add lines 1 and 2 | | | | 13116. |
| 4 Subtractions (from Part 2, Page 3) | | | | 736 . |
| <u>5</u> Total net nonapportionable unrelated business taxable inco | ome (loss) (fro | om Form N, line 8) | 5 | <u> </u> |
| 6 Subtract lines 4 and 5 from line 3. This is apportionable un | related busine | ess taxable income | 6 | 12380 . |
| 7 Wisconsin apportionment percentage. Enter the apportion | | | 7 | 100.0000 % |
| If 100% apportionment, check (🛩) the space after the arro | w | | <u>X</u> | |
| If using separate accounting, check () the space after th 8 Multiply line 6 by line 7 | | | ▶ 8 | 12380 . |
| 9 Wisconsin net nonapportionable unrelated business taxable | e income (los | s) (from Form N, line 9) | 9 | |
| 10 Combine lines 8 and 9. This is Wisconsin unrelated busines | ss taxable inc | come (loss) | 10 | |
| 11 Enter 7.9% (0.079) of amount on line 10. This is gross tax | | | 11 | 978 . |
| 12 Nonrefundable credits (from Schedule CR) | | | 12 | 0. |
| 13 Subtract line 12 from line 11. If line 12 is greater than line 1 | I1, enter zero | (0). This is net tax | 13 | 978 . |
| Organizations Taxable as Trusts (Corporations do not fill in lin | - | · | | |
| 14 Unrelated business taxable income (from federal Form 990 | | | 44 | |
| federal Form 4720) 15 Additions (from Part 1, Page 3) | | | | · · |
| io , aditions (notificate 1, 1 age 5) | | | 15 | <u> </u> |
| <u>16</u> Add lines 14 and 15 | | | | <u>.</u> |
| 17 Subtractions (from Part 2, Page 3) | | | 17 | <u> </u> |
| 18 Subtract line 17 from line 16. This is Wisconsin unrelated b | ousiness taxal | ble income | 18 | <u>.</u> |
| 10 Tax from tax table on amount on line 18. This is gross tax | | | 19 | _ |

| 202 | 2 Form 4T | | Page 2 of 3 |
|------------|---|-------------|---------------------------------------|
| <u>20</u> | Nonrefundable credits (from Schedule CR) | 20 _ | <u>.</u> |
| <u>21</u> | Net income tax paid to other states | 21 | |
| 22 | Add lines 20 and 21 | | |
| 23 | Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax | | |
| 24 | Tax from line 13 or 23 | | 978 . |
| <u>25</u> | Economic development surcharge (see instructions) | 25 | |
| <u> 26</u> | Endangered resources donation (decreases refund or increases amount owed) | | |
| <u>27</u> | Veterans trust fund donation (decreases refund or increases amount owed) | 27 _ | <u>.</u> |
| <u>28</u> | Add lines 24 through 27 | 28 _ | 978 . |
| 29 | Estimated tax payments less refund from Form 4466W 29 1980. | | |
| 30 | Wisconsin tax withheld 30 | | |
| 31 | Refundable credits (from Schedule CR) 31 | | |
| <u>32</u> | Amended Return Only - amount previously paid 32 | | |
| 33 | Amended Return Only - amount previously paid 32 - Add lines 29 through 32 33 1980 . | | |
| 34 | Amended Return Only - amount previously refunded 34 | | |
| <u>35</u> | Subtract line 34 from 33 | 35 _ | 1980 . |
| <u>36</u> | Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). | | |
| | If you annualized income on Form U or Schedule U, check () the space after the arrow | 36 | |
| 37 | 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 | 37 | |
| 38 | Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract the total of lines | _ | |
| _ | 28 and 36 from line 35 | 38 | 1002. |
| <u>39</u> | Enter amount of line 38 you want credited on 2023 estimated tax 39 1002. | | |
| 40 | Subtract line 39 from line 38. This is your refund | 40 | |
| 41 | Enter total gross receipts from all unrelated trade or business activities | | |
| 1 2 | City and state where books and records are located for audit purposes: ARLINGTON, TX | | 5 Fax #:dule DE and include with this |
| | Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption of a state sales or use tax? Yes X No If yes, you may owe Wisconsin use tax. See instant (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.) List the locations of your Wisconsin operations: NONE | | • • |
| Thi | Do you want to allow another person to discuss this return with the department? X Yes Comp | lete the fo | ollowing. No |
| Th | | | _ |
| Pa | Designee's | Pers | sonal Identification Number (PIN) |
| De | signee Name ► LACEY SILBERNAGE 9206845500 | _ : | 45590 |
| Unc | ler penalties of law, I declare that this return and all attachments are true, correct, and complete to the best or | my kno | wledge and belief. |
| S | gnature of Officer or Trustee Title PRESIDENT | | Date |
| P | reparer's Signature Preparer's Federal Employer ID Number | | Date |
| | LACEY SILBERNAGEL, CPA 41 0746749 | | 07 27 2023 |
| | | | |

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



2022 Form 4T Page **3 of 3**

Part 1 - Additions: Interest income (less related expenses) from state and municipal obligations 2 State and local franchise or income taxes 3 Capital gain/loss adjustment 736. Federal net operating loss carryover Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) 5 6 Reserved for future use 7 Transitional adjustments _____ 8 Credit computed (see instructions): Business development credit 8a <u>a</u> Community rehabilitation program credit 8b b Development zones credits 8c С d Economic development tax credit 8d Electronics and information technology manufacturing е _____8e Employee college savings account contribution credit 8f g Farmland preservation credit ______ 8h h i Ĺ k Ţ Research expense credit 81 Reserved for future use 8m Total credits (add lines 8a through 8m) 8n Other additions: d Total other additions (add lines 9a through 9c) 10 Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1) ______ 10 _____ Part 2 - Subtractions: Interest income (less related expenses) from United States government obligations _______1 2 Capital gain/loss adjustment 2 <u>3</u> Wisconsin net operating loss carryforward 3 Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) 4 Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from 5 related entity and submit with your return) _______5 ______ Transitional adjustments 6 _ 7 Other subtractions: 7c d Total other subtractions (add lines 7a through 7c)



Total subtractions (Add lines 1 through 6 and 7d and enter on page 1)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| A F | For the | 2022 calendar year, or tax year beginning and e | ending | | |
|---------------|---------------------------------------|---|--------------------|-------------------------------------|-------------------------------|
| | Check if applicable | C Name of organization | | D Employer identifie | cation number |
| | Addres | | | | |
| | Name change | Doing business as | | 47-17059 | 87 |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 621 SIX FLAGS DRIVE | Room/suite | E Telephone number 800-343- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,588,521. |
| | Ameno return | | | H(a) Is this a group re | eturn |
| | Applic tion | F Name and address of principal officer. CITAD MORE III | | for subordinates | ? Yes X No |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| 1 | Гах-ехе | empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)() (insert no.) $\overline{}$ 4947(a)(1) o | or 527 | If "No," attach a | list. See instructions |
| | Websit | | | H(c) Group exemptio | |
| | orm of | organization: X Corporation Trust Association Other Summary | L Year | of formation: 2014 N | 1 State of legal domicile; WI |
| | 1 | Briefly describe the organization's mission or most significant activities: PROVI | DE RE | SOURCES AND | EDUCATION |
| Governance | | TO PROVIDE A SAFE, POSITIVE, AND FUN ENVI | RONMEN | T FOR BOWLI | NG |
| rna | 2 | Check this box if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | sets. |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 4 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 2 |
| es & | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 7 |
| ξį | | Total number of volunteers (estimate if necessary) | | | 150 |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 29,059. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 11,402. |
| | | | | Prior Year | Current Year |
| ě | 8 | Contributions and grants (Part VIII, line 1h) | | 122,750. | 516. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,200,249. | 2,292,258. |
| Rev | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 122,364. | 65,020. |
| _ | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 193,219. | 201,605. |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,638,582. | 2,559,399. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 663,255. | 561,090. 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 580,797. | 542,887. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 10a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | 0. |
| Ä | 170 | Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,527,775. | 1,912,683. |
| | '' | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,771,827. | 3,016,660. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -133,245. | -457,261. |
| | 19 | nevenue less expenses. Subtract line 10 nom line 12 | Be | ginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 4,392,185. | 3,655,080. |
| ASS(Ral | 21 | Total liabilities (Part X, line 26) | | 729,594. | 801,395. |
| Net. | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 3,662,591. | 2,853,685. |
| Pa | art II | Signature Block | | 0,00=,00=0 | |
| Und | er pena | lities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | nts, and to the best of my | knowledge and belief, it is |
| true | , correc | , and Complete. Declaration of preparer (other than officer) is based on all information of whi | ich preparer | has any knowledge. | , |
| | | Ch VI | | 8/22/2 | 023 |
| Sig | n | Signatureodo o fior 6228 | | Date | |
| Her | | CHAD MURPHY, PRESIDENT | | | |
| | | Type or print name and title | | | |
| Dair | | Print/Type preparer's name LACEY SILBERNAGEL, CPA LACEY SILBERNAGE | | Oate Check Check if self-employ | PTIN PO1245590 |
| Paid | | | .ш, С _О | | 1-0746749 |
| - | parer Only | Firm's name CLIFTONLARSONALLEN LLP Firm's address 100 MARITIME DRIVE, SUITE 2B | | FIIIII S EIN 4 | <u> </u> |
| USE | Only | MANITOWOC, WI 54220 | | Dhone no Q 2 | 0-684-5500 |
| Mar | , the IF | RS discuss this return with the preparer shown above? See instructions | | Pilotte IIO. 9 4 | |
| ivia | y une Ir | to discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Form | $_{\text{m 990 (2022)}}$ IBC YOUTH BOWLING, INC. $47-1705987$ | Page 2 |
|----------------|--|----------------|
| | art 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: | ····· |
| ' | | cc |
| | PROVIDE RESOURCES AND EDUCATION THAT INSPIRE OTHERS TO PROVIDE A SAME | r E , |
| | 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 | |
| | | s X No |
| | If "Yes," describe these new services on Schedule O. | |
| _ | · | s X No |
| 3 | · · · · · · · · · · · · · · · · · · · | S A 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 | S. |
| | 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 | 104.040 | ,487.) |
| 4 a | MEMBERSHIP SERVICES - IN EXCHANGE FOR MEMBERSHIPS, IBC YOUTH SUPPOR' | |
| | , | |
| | THE SPORT OF BOWLING AND CELEBRATES THE PAST WHILE ENSURING THE FUT | JRE. |
| | MEMBERS ALSO RECEIVE DISCOUNTS WITH VARIOUS ORGANIZATIONS. | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 41. | (Code:) (Expenses \$1,839,700. including grants of \$561,090.) (Revenue \$1,355 | ,638.) |
| 4b | | |
| | TOURNAMENTS - IBC YOUTH WILL ORGANIZE YOUTH TOURNAMENTS WHERE YOUTH | |
| | COMPETE FOR SCHOLARSHIPS AND OTHER PRIZES. THESE TOURNAMENTS WILL B | <u> </u> |
| | CONTROLLED BY UNITED STATES BOWLING CONGRESS RULES AND REGULATIONS | |
| | GOVERNING THE SPORT OF BOWLING. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 717 006 | 000 |
| 4c | | <u>,008.</u>) |
| | PUBLIC RELATIONS, MARKETING, INDUSTRY RELATIONSHIP | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | 2 751 020 | |
| | | 990 (2022) |
| | 1 01111 | (2022) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-------------|-----|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | ۰ | | |
| Ū | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - '- | | |
| 8 | , , | | | x |
| _ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ₹. |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | IZU | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| | | 144 | | |
| b | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 446 | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| 15 | | 4- | | v |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | ₹. |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | \ \ 7. |
| | 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 | | 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 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |
| | | | | |

Page 4

IBC YOUTH BOWLING, INC.

| Ра | 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 | 24a | | X |
| b | 3 71 7 7 1 71 1 | 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 | | - |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | - V |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 051 | | X |
| 00 | Schedule L, Part I | 25b | | <u> </u> |
| 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% | 26 | | X |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 20 | | <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% controlled | 27 | | X |
| 28 | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| • | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| а | | 28a | | X |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | 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 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | _ | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

232004 12-13-22

Form **990** (2022)

| | . (continued) | | Yes | No |
|---------|--|-----|-----|-----|
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | res | NO |
| Za | filed for the calendar year ending with or within the year covered by this return 2a 7 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| b 3a | | 3a | X | |
| | ISBN BL SELECTION OF THE CONTRACTOR | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | 21 | |
| тa | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| h | If "Yes," enter the name of the foreign country | та | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 52 | 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 transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | | | | |
| - | any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | 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? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | |
| 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. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| C | Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template any included the tay year? | 11- | | Х |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| 15 | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 10 | | -22 |
| 16 | In the conscioution and the climatical institution as birected the second and 4000 and in the conscioution and institution and institution as birected as the conscioution and th | 16 | | Х |
| .0 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| 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? | 17 | | |
| | If "Yes," complete Form 6069. | ., | | |
| | | | | |

Form 990 (2022) IBC YOUTH BOWLING, INC.

47-1705987

Oane 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 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? 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ERIC KAMMLAH - (817)385-8296 SIX FLAGS DRIVE, ARLINGTON, ТX 76011 621

Form **990** (2022)

A3515221

Form 990 (2022) 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 Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--|---------------|--------------------------------|-----------------------|------------------|----------------|---------------------------------|-------------|-----------------|-----------------|---------------|
| Name and title | Average | | | Pos | itior | 1 | | Reportable | Reportable | Estimated |
| Name and the | hours per | (do box. | not cl unles | heck i ss per | more rson i | than o | one n an | compensation | compensation | amount of |
| | week | offic | er an | d a di | irecto | or/trus | tee) | from | from related | other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direc | | | | - - | | organization | (W-2/1099-MISC/ | from the |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | al tru | | yee | e mo | | 1099-NEC) | , | and related |
| | below | idual | ution | ъ | old ma | est co | er | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | · |
| (1) CHAD MURPHY | 2.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 406,615. | 38,195 |
| (2) FRANK DESOCIO | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | X | | | | 0. | 293,880. | 15,714 |
| (3) MELISSA MCDANIEL | 2.00 | _ | | | | | | | _ | _ |
| DIRECTOR (A) WENTER WENTER | | Х | | | | | | 0. | 0. | 0 |
| (4) KEVIN KRAUSS DIRECTOR | 2.00 12.50 | х | | | | | | 0. | 0. | 0 |
| DIRECTOR | 12.50 | Λ | | | | | | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form **990** (2022)

| Form | 990 (2022) IBC YOUTH | BOWLIN | ΙĠ, | I | NC | • | | | | 47-17 | <u> 1059</u> | 987 | Р | age 8 |
|------|--|-----------------------|--------------------------------|-----------------------|----------------|--------------|---------------------------------|----------|---------------------------|-------------------------------|-------------------|----------|----------------|-------|
| Pai | t VII Section A. Officers, Directors, Trust | ees, Key Emp | loy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | _ ((| | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Posi heck i | | l than c | ne | Reportable | Reportable | - 1 | | timate | |
| | | hours per week | | | | | s both | | compensation | compensatio | - 1 | | ount | of |
| | | (list any | tor | | | | | | from the | from related organizations | - 1 | | other oensa | tion |
| | | hours for | Individual trustee or director | | | | p | | organization | (W-2/1099-MIS | | | om th | |
| | | related | tee or | ıstee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | | | anizat | |
| | | organizations | ltrust | nal tr. | | oyee | om pe | | 1099-NEC) | | | and | l relat | ed |
| | | below | vidua | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | | orga | nizati | ons |
| | | line) | Indi | Inst | Officer | Key | Hig | - E | | | \longrightarrow | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \longrightarrow | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \longrightarrow | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \longrightarrow | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \longrightarrow | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | \dashv | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 0. | 700,49 | 5. | 53 | 3,9 | 09. |
| С | Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | | 0. | 700,49 |)5. | 53 | 3,9 | 09. |
| 2 | Total number of individuals (including but no | ot limited to the | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | r | | Yes | No |
| 3 | Did the organization list any former officer, | director, truste | ee, k | еу е | empl | oye | e, or | hig | hest compensated emp | oyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | _ | | v |
| Soc | rendered to the organization? If "Yes," com tion B. Independent Contractors | <u>olete Schedule</u> | Jf | or su | ıch r | pers | on . | | | | <u></u> | 5 | | X |
| | Complete this table for your five highest cor | nnonceted ind | ono | ndor | at oc | ntro | otor | o th | act received more than \$ | 100 000 of comp | | ion fro | | |
| 1 | the organization. Report compensation for t | • | • | | | | | | | | ciisai | 1011 110 | 111 | |
| | (A) | rie caleridai ye | ai C | iluli | ig w | itii C |)I VVII | <u> </u> | (B) | ear. | | (C | 1 | |
| | Name and business | address | NC | ONE | 3 | | | | Description of s | ervices | C | omper | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| | | | | | | | | - 1 | | | | | | |

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

IBC YOUTH BOWLING, INC. 47-1705987 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 516. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 516. h Total. Add lines 1a-1f **Business Code** 2 a TOURNAMENT FEES 713990 355,638.1,355,638. Program Service Revenue b MEMBERSHIP DUES 713990 763,487. 763,487. 173,133. 144,074. c SPONSORSHIP INCOME 713990 29,059. f All other program service revenue 2,292,258. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 65,020. 65,020. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 185,671. 185,671. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 36,637. and allowances 29,122 **b** Less: cost of goods sold 7,515. 7,515. c Net income or (loss) from sales of inventory **Business Code**

232009 12-13-22

250,691. Form **990** (2022)

29,059.

8.419.

8,419.

2,559,399.2,279,133.

900099

11 a MISCELLANEOUS

e Total. Add lines 11a-11d

12 Total revenue. See instructions

d All other revenue

8,419.

IBC YOUTH BOWLING, INC. Form 990 (2022)

47-1705987 Page 10

Part IX | Statement of Functional Expenses

| Secti | ion 501(c)(3) and 501(c)(4) organizations must compl | ete all columns. All othe | er organizations must con | nplete column (A). | |
|----------|--|-----------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | se or note to any line in t | this Part IX | | 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 | 561,090. | 561,090. | | |
| 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 | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 423,002. | 283,411. | 139,591. | |
| 7 | Other salaries and wages | 443,004. | 403,411. | 135,331. | |
| 8 | Pension plan accruals and contributions (include | 11,697. | 7,837. | 3,860. | |
| O | section 401(k) and 403(b) employer contributions) | 74,702. | 50,050. | 24,652. | |
| 9 10 | Other employee benefits | 33,486. | 22,436. | 11,050. | |
| 10 11 | Payroll taxes Fees for services (nonemployees): | 33,400• | 22,430. | 11,000 | |
| | | | | | |
| a b | ManagementLegal | 12,500. | | 12,500. | |
| | | 23,945. | | 23,945. | |
| d | Lobbying | 23 / 3 23 0 | | 20,5200 | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| • | column (A), amount, list line 11g expenses on Sch O.) | 496,321. | 496,321. | | |
| 12 | Advertising and promotion | 49,649. | 49,649. | | |
| 13 | Office expenses | 208,452. | 198,629. | 9,823. | |
| 14 | Information technology | 38,435. | | 38,435. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 373,813. | 373,813. | | |
| 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 | 04 400 | 04 400 | | |
| 22 | Depreciation, depletion, and amortization | 91,483. | 91,483. | 4 555 | |
| 23 | Insurance | 1,775. | | 1,775. | |
| 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.) ` ' LINEAGE | 339,625. | 339,625. | | |
| a | AWARDS | 221,601. | 221,601. | | |
| b | FOOD AND BEVERAGE | 42,708. | 42,708. | | |
| c d | MEMBERSHIP EXPENSES | 12,376. | 12,376. | | |
| - | | 12,370• | 14,570. | | |
| е 25 | Total functional expenses. Add lines 1 through 24e | 3,016,660. | 2,751,029. | 265,631. | 0. |
| 26 | Joint costs. Complete this line only if the organization | 2,010,000 | _,.5_,025. | | . |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | 000 |

A3515221

Form 990 (2022)

IBC YOUTH BOWLING, INC.

47-1705987 Page 11

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 910,255. 654,603. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 109,252. 1,511. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 78,838. 37,801. Inventories for sale or use 8 17,900. 70,065. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other _____10a 649,024. basis. Complete Part VI of Schedule D 228,596. 511,911. 420,428. b Less: accumulated depreciation 10b 10c 2,470,672. 2,764,029. 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 15 Other assets. See Part IV, line 11 4,392,185. 3,655,080. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 27,850. 84,497. Accounts payable and accrued expenses 17 17 18 18 Grants payable 701,744. 716,898. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 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 729,594. 801,395. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,662,591. 27 2,853,685. 27 Net assets without donor restrictions Net assets with donor restrictions 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 3,662,591. 2,853,685. Total net assets or fund balances 32 32 4,392,185. 3,655,080. 33 Total liabilities and net assets/fund balances

Form **990** (2022)

| | n 990 (2022) 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 | 2,559 | , 39 | <u>99.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,016 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -457 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,662 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -351 | .,64 | <u>45.</u> |
| 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 | 2,853 | , 68 | <u> 35.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш |
| | | | | 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 | 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 | audit, | | | |
| | 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 Scho | edule O. | | | |
| За | 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? | | За | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | an andite annie in other an Calcadula C and describe and attack to the describe andite | | 0.5 | - 1 | |

232012 12-13-22

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

IBC YOUTH BOWLING, INC. 47-1705987 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

IBC YOUTH BOWLING, INC.

47-1705987 Page 2

| Part II | Suppor | t Schedule for Or | ganizations | Described in | Sections | 170(b)(1)(A)(iv) ar | nd 170(b)(1)(A)(vi) |
|---------|--------|-------------------|-------------|--------------|----------|---------------------|---------------------|

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|----------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | 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 | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| 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, | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | livided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2021 | | | | | 15 | % |
| 16a | 33 1/3 % support test - 2022. If the o | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2021. If the | - | | | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | • | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | * | VI how the organiz | zation |
| | meets the facts-and-circumstances te | - | • | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | | - | | • | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schodulo A | (Form 990) 2022 |

Schedule A (Form 990) 2022 IBC Y

IBC YOUTH BOWLING, INC.

47-1705987 Page 3

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.)

| Sec | ction A. Public Support | elow, please comp | iete Part II.) | | | | | | |
|-----|--|----------------------|----------------------|-----------------------|----------------------|---------------------|------------------------|--|--|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | |
| | Gifts, grants, contributions, and | (u) 2010 | (6) 2010 | (0) 2020 | (4) 2021 | (0) 2022 | (i) rotar | | |
| • | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 668,717. | 1086081. | 127.900. | 122,750. | 516. | 2005964. | | |
| 2 | Gross receipts from admissions, | 000,7270 | | 227,75000 | | 3201 | 20033011 | | |
| _ | merchandise sold or services per- | | | | | | | | |
| | formed, or facilities furnished in | | | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | 2695050. | 2694658. | 772,655. | 2231592. | 2299836. | 10693791. | | |
| 3 | Gross receipts from activities that | 20330300 | 20310301 | 77270331 | 2232324 | 22330301 | 100337311 | | |
| 3 | are not an unrelated trade or bus- | | | | | | | | |
| | iness under section 513 | | | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | | | |
| - | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| _ | The value of services or facilities | | | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 3363767. | 3780739. | 900,555. | 2354342. | 2300352 | 12699755. | | |
| | Amounts included on lines 1, 2, and | 33037076 | 3100133. | 300,333. | 2334342. | 2300332. | 12055755 | | |
| 7 6 | 3 received from disqualified persons | 669,361. | 1086081. | 54,500. | | | 1809942. | | |
| ŀ | Amounts included on lines 2 and 3 received | 005,501. | 1000001. | 34,300. | | | 10055421 | | |
| • | from other than disqualified persons that | | | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | 0. | | |
| _ | amount on line 13 for the year | 669,361. | 1086081. | 54,500. | | | 1809942. | | |
| | Add lines 7a and 7b | 005,501. | 1000001. | 34,300. | | | 10889813. | | |
| Sec | Public support. (Subtract line 7c from line 6.) | | | | | | 10007013. | | |
| | | (a) 2012 | (h) 2010 | (a) 2020 | (4) 2021 | (a) 2022 | (f) Total | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 3363767. | (b) 2019 3780739. | (c) 2020 900, 555. | (d) 2021 2354342. | (e) 2022 2300352 | (f) Total 12699755. | | |
| | Amounts from line 6 Gross income from interest, | 3303707. | 3700733. | 700,333. | 2334342. | 2300332. | 12000100 | | |
| 102 | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | 215,616. | 239,897. | 0/ 810 | 239,922. | 250 691 | 1040945. | | |
| L | and income from similar sources | 213,010. | 237,057. | J4,01J. | 237,722. | 230,031. | 1040747. | | |
| L | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | |
| _ | | 215,616. | 239,897. | 94,819. | 239,922. | 250,691. | 1040945. | | |
| | Add lines 10a and 10b Net income from unrelated business | 213,010. | 239,091. | 94,019. | 239,922• | 230,091. | 1040343. | | |
| •• | activities not included on line 10b, | | | | | | | | |
| | whether or not the business is | | | | | 29,059. | 29,059. | | |
| 12 | regularly carried on Other income. Do not include gain | | | | | 29,039. | 29,039. | | |
| 12 | or loss from the sale of capital | 18,285. | 14,142. | 5,686. | 19,163. | 8,419. | 65,695. | | |
| 40 | assets (Explain in Part VI.) | 3597668. | 4034778. | 1001060. | 2613427. | | 13835454. | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | · · | | | | . , . , | on, | | |
| Sac | check this box and stop here ction C. Computation of Publi | c Support Per | | | | | | | |
| | • | | | I | | 45 | 78.71 % | | |
| | Public support percentage for 2022 (li | | • | column (t)) | | 15 | | | |
| | Public support percentage from 2021 | | | | | 16 | 73.36 % | | |
| | Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 7 . 52 % | | | | | | | | |
| | | | | | | 17 | | | |
| | 8 Investment income percentage from 2021 Schedule A, Part III, line 17 | | | | | | | | |
| 198 | | | | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | X | | |
| b | 33 1/3% support tests - 2021. If the | | | | | | na | | |
| | line 18 is not more than 33 1/3%, che | | | | | | | | |
| 20 | Private foundation. If the organizatio | n ala not check a l | oox on line 14, 19a | a, or 190, cneck th | is dox and see inst | ructions | | | |

232023 12-09-22

Schedule A (Form 990) 2022

IBC YOUTH BOWLING,

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(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.)

INC.

Section A. All Supporting Organizations

- 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.)

| | | Yes | No |
|-----|---|-----|----|
| | | | |
| 4 | | | |
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| 3a | | | |
| | | | |
| | | | |
| 3b | | | |
| | | | |
| 3c | | | |
| 40 | | | |
| 4a | | | |
| | | | |
| 4b | | | |
| 1,2 | | | |
| | | | |
| | | | |
| 4c | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| 5a | | | |
| 5b | | | |
| 5c | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 6 | | | |
| | | | |
| | | | |
| 7 | | | |
| 8 | | | |
| 8 | | | |
| | | | |
| 9a | | | |
| | | | |
| 9b | | | |
| | | | |
| 9с | | | |
| | | | |
| | | | |
| 10a | 3 | | |
| 401 | | | |
| 10k |) | | |

232024 12-09-22

Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2022

3b

47-1705987 Page 6 IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5

Schedule A (Form 990) 2022

5

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

6

47-1705987 Page 7 IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c.

Schedule A (Form 990) 2022

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

| Schedule A | (Form 990) 2022 | IBC | YOUTH | BOWLING, | INC. | 47-1705987 Page |
|------------|--|-----------------------------------|--|---|---|--|
| Part VI | Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lines 1 | nation. 2, 3b, 3c nes 2 and | Provide th , 4b, 4c, 5a d 3; Part IV | ne explanations re n, 6, 9a, 9b, 9c, 11 n, Section E, lines | quired by Part II, line a, 11b, and 11c; Pa Ic, 2a, 2b, 3a, and 3 | e 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, Bb; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | (See instructions.) | ; and Pai | τ v, Sectio | n E, lines 2, 5, and | o 6. Also complete ti | his part for any additional information. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization TRC YOUTH BOWLING TNC

Employer identification number 47-1705987

| Par | t I Organizations Maintaining Donor Advised | | s or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | - |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$ | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees, donors, and donor account of the organization inform all grantees are the organization of the o | dvisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any other purpose | e conferring |
| | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990 | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recreat | tion or education) Preservation o | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | fter July 25,2006, and not on a | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by th | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | ement is located | _ |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, l | handling of violations, and enforcing cor | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | O(h)(4)(B)(i) |
| | | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial staten | nents that describes the |
| Da | organization's accounting for conservation easements. | Art Historical Transcript or O | Alban Cincilan Assats |
| Par | | | tner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | 8, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | | - |
| | service, provide in Part XIII the text of the footnote to its finan | icial statements that describes these iter | ns. |
| b | If the organization elected, as permitted under FASB ASC 956 | 8, to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fur | therance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | \$ |
| 2 | If the organization received or held works of art, historical treat | asures, or other similar assets for financi | al gain, provide |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ <u></u> |
| b | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2022 |

232051 09-01-22

| Sche Par | | TH BOWLING | , INC | :. orical Tre | asures, o | r Other | Simila | 47-17 r A ssets | 05987 | Page 2 |
|--------------------|--|--|--------------|-------------------|-------------------|--------------|-----------------------|---------------------------|------------|-----------|
| 3 | Using the organization's acquisition, accessi | | | | | | | | COILLIIL | ieu) |
| | collection items (check all that apply): | , | , | | 3 | | , | | | |
| а | Public exhibition | (| d 🔲 L | _oan or excl | hange progra | am | | | | |
| b | Scholarly research | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how the | ey further th | e organizatio | n's exem | pt purpo | se in Part | XIII. | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, his | torical treas | sures, or othe | er similar a | assets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | gements. Compl | lete if the | organizatio | n answered ' | "Yes" on I | Form 990 |), Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | _ | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for c | ontributions | s or other ass | sets not ir | ncluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2 a | Did the organization include an amount on F | orm 990, Part X, line | 21, for e | scrow or cu | stodial acco | unt liabilit | ty? | <u></u> | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete | | | | | | | | _ | |
| | | (a) Current year | (b) P | rior year | (c) Two year | rs back (| (d) Three y | ears back | (e) Four y | ears 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 | rent year end balanc | . • | , column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | | _% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiza | ation that | are held an | id administer | ed for the | Э | | L. | /aa Na |
| | organization by: | | | | | | | | | res No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | - |
| | (ii) Related organizations | | | | | | | | 3a(ii) | - |
| _ | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | |
| 4 Dar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment fu | ınas. | | | | | | |
| ı aı | Complete if the organization answere | | n Dart IV | line 11a S | 00 Form 000 | Dart Y I | ina 10 | | | |
| | | | | | | | | | (-I) D I- | |
| | Description of property | (a) Cost or on the contract of | | (b) Cost basis | or other | | cumulate reciation | | (d) Book | value |
| | Land | · ` ` | incit) | Dasis | (Ott 101 <i>)</i> | uep | n colation | | | |
| | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | I | | | 8,641. | | 8,6 | 41 | | 0. |
| | Equipment Other | | 1 | | 0,383. | 2 | 19,9 | | 420 | ,428. |
| | Other | | V ookum | | - | | | | | ,428. |
| · Juai | i / ida iii loo Ta ti ii oagit To. [Colullili Ia] Must e | uuai ruiii 330. Päll | A. COIUITI | ii (Di. III)e 1(| JU.J | | | | | , |

Schedule D (Form 990) 2022

| Part VII Investments - Other Securities. | OWLING, | INC. | 47 | -1705987 Page 3 |
|--|-------------------|-----------------|--|------------------------|
| Complete if the organization answered "Yes" | on Form 990, | Part IV, line 1 | 1b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book | k value | (c) Method of valuation: Cost or end | d-of-year market value |
| 1) Financial derivatives | | | | |
| 2) Closely held equity interests | | | | |
| 3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | 1 | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) (H) | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | 1 | | | |
| Complete if the organization answered "Yes" | on Form 990, | Part IV, line 1 | 1c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book | | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | | Part IV, line 1 | 1d. See Form 990, Part X, line 15. | 1 415 |
| | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | - 1F \ | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) lin | c 10.) | | | <u>l</u> |
| Complete if the organization answered "Yes" | on Form 990. | Part IV. line 1 | 1e or 11f. See Form 990. Part X. line 25 | |
| (a) Description of liability | | , | | (b) Book value |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) lin | e 25.) | | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | | e footnote to | the organization's financial statements t | hat reports the |
| avanciantian's liability for unanatain tay positions unde | " EACD ACC 7/ | 10 Chaalcha | ro if the toyt of the feetnets has been ar | avided in Dort VIII |

232053 09-01-22

13510821 131839 A351522

Schedule D (Form 990) 2022

| Sche | edule D (Form 990) 2022 IBC YOUTH BOWLING, INC. | | | | 1705987 | Page 4 |
|--------|---|------------------|------------------------|----------|-------------------|--------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | | Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | | Ι. Ι | 2 252 | 150 |
| 1 | | | | 1 | 2,253, | 154. |
| 2 a | Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments | 2a | -351,645. | | | |
| a b | | | 16,276. | • | | |
| c | | | 20,2,00 | • | | |
| d | | 1 1 | 29,122. | • | | |
| e | , | | | 2e | -306, | 247. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,559, | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| a | | 4a | | | | |
| b | | | | • | | |
| c | | · | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 2,559, | |
| | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | Expenses per F | Returr | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,062, | 058. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | 16,276. | | | |
| b | | | | | | |
| С | Other losses | 2c | | | | |
| d | | | 29,122. | | | |
| е | Add lines 2a through 2d | | | 2e | 45, | 398. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,016, | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | | 4a | | | | |
| b | | | | | | |
| С | | · | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 3,016, | 660. |
| Pa | rt XIII Supplemental Information. | | | | | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV, lines 1b | and 2b; Part V, line 4 | ; Part X | (, line 2; Part X | l, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad | Iditional inforr | nation. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| | | | | | | |
| COS | ST OF GOODS SOLD | | | | 29,1 | .22. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| ~~ | THE OF GOODS SOLD | | | | 00 1 | 22 |
| COS | ST OF GOODS SOLD | | | | 29,1 | .22. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

| Name of the organization | | | | | | | Employer identification number |
|---|----------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| IBC YOUTH | BOWLING, | INC. | | | | | 47-1705987 |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | | - | | | - | | |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | |
| Part II Grants and Other Assistance to | | | | | anization answered "Y | es" on Form 990, Par | t IV, line 21, for any |
| recipient that received more than | \$5,000. Part II can | be duplicated if addition | onal space is need | 1 | (0.14.1) | T | |
| 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) a Enter total number of other organization | - | | | | | | |

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

IBC YOUTH BOWLING, INC. 47-1705987 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance 0 SCHOLARSHIPS 10 10,000 JUNIOR GOLD SCHOLARSHIPS 1397 422,380 0. SURVIVOR SCHOLARSHIPS 149 65,275, 0 YOUTH OPEN SCHOLARSHIPS 500 63,435. 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.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 47-1705987

| | IBC YOUTH BOWLING, INC. | | 47-170598 | 7 | |
|----|--|--|-----------|-----|----|
| Pa | art I Questions Regarding Compensation | | | | |
| | · | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the follow | wing to or for a person listed on Form 9 | 990, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant inform | nation regarding these items. | | | |
| | First-class or charter travel | ising allowance or residence for persor | nal use | | |
| | | ments for business use of personal res | | | |
| | | Ith or social club dues or initiation fees | | | |
| | Discretionary spending account Personal | sonal services (such as maid, chauffeu | r, chef) | | |
| | | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a wi | itten policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No | ," complete Part III to explain | 1b | | |
| 2 | 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 | | 2 | | |
| | | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the | ne compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for | - | n to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part | • | | | |
| | | ten employment contract | | | |
| | | npensation survey or study | | | |
| | | oroval by the board or compensation co | ommittee | | |
| | | , | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, lin | e 1a, with respect to the filing | | | |
| | organization or a related organization: | , | | | |
| а | Receive a severance payment or change-of-control payment? | | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirem | | | | Х |
| С | Participate in or receive payment from an equity-based compensation arra | | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable am | | | | |
| | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must con | nplete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organia | zation pay or accrue any compensatior | ۱ ا | | |
| | contingent on the revenues of: | | | | |
| а | The organization? | | 5a | | X |
| b | Any related organization? | | 5b | | 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 organic | zation pay or accrue any compensatior | 1 | | |
| | contingent on the net earnings of: | | | | |
| а | The organization? | | 6a | | Х |
| b | Any related organization? | | l a. | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | , , , , , | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursua | int to a contract that was subject to the | ə — | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? | If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumpt | ion procedure described in | | | |

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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 | I-2 and/or 1099-MISo 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) | 353,297. | 51,470. | 1,848. | 14,857. | 23,338. | 444,810. | 0. |
| (2) FRANK DESOCIO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VICE PRESIDENT | (ii) | 292,692. | 0. | 1,188. | 11,200. | 4,514. | 309,594. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| - | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2022 IBC YOUTH BOWLING, INC. | 47-1705987 | Page 3 |
|--|--|----------|
| Part III Supplemental Information | | <u> </u> |
| Provide the information, explanation, 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 | lete this part for any additional information. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| IBC YOUTH BOWLING, INC. | 47-1705987 |
|--|--------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | SION: |
| 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 M | EMBERS MUST SIGN |
| OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINIST | RATION 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 | E UPON REQUEST. |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| SPEAKER FEES: | |
| PROGRAM SERVICE EXPENSES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | 4,700. |

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization IBC YOUTH BOWLING, INC. | Employer identification number 47-1705987 |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,700. |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 123,321. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 123,321. |
| CONSULTING: | |
| PROGRAM SERVICE EXPENSES | 248,963. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 248,963. |
| PHOTOGRAPHY & A/V PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 119,337. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 119,337. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 496,321. |
| | |
| | |
| | |
| | |

IBC YOUTH BOWLING, INC.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-1705987

| (a) | (b) | (c) | (d) | (e |) | (f) | | |
|--|--|---|-------------------------------|--|--------------|--------------------------------|-----------|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | or Total inco | ome End-of-yea | ar assets | Direct controlling entity | | g |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organicorganizations during the tax year. | izations. Complete if the organization | I answered "Yes" on Form 990 |), Part IV, line 34, | L because it had one | e or more re | elated tax-exe | mnt | |
| 3 | | | | | | | трс | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | (f) t controlling entity | Section 5 | g) 512(b)(13) rolled tity? |
| (a) Name, address, and EIN | | 1 | Exempt Code | Public charity | | (f) | Section 5 | rolled |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 | Primary activity TO DEVELOP INTEREST AND | Legal domicile (state or | Exempt Code | Public charity status (if section | | (f) | Section 5 | rolled tity? |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR | Primary activity | Legal domicile (state or | Exempt Code section | Public charity status (if section | | (f) | Section 5 | rolled tity? |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code | Public charity status (if section 501(c)(3)) | | (f) | Section 5 | rolled tity? |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | | (f) | Section 5 | rolled tity? |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | | (f) | Section 5 | rolled tity? |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 521 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | N/A | (f) | Section 5 | No X |
| (a) Name, address, and EIN of related organization UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 BOWLING PROPRIETORS ASSOCIATION OF AMERICA 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | N/A | (f) | Section 5 | No X |
| (a) Name, address, and EIN | Primary activity TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING TO PROMOTE THE SPORT OF | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | N/A | (f) | Section 5 | No X |

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

Schedule R (Form 990) 2022

5987 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) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Yes No (i) General or managing partner? Yes No |
|--|
| Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Percentage ownership Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) |
| toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes |
| Country Sections 512-514) Yes No K-1 (Form 1065) Yes No |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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 | entity: | | | | | |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|---------|----|--|--|--|--|
| | | country) | | , | | | | Yes | No | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | - | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Page 3

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

| Not | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | | |
|-----|---|---------------------------|-----------------|--------------------------------|---------|-----|----|--|--|--|
| 1 | 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 | | | |
| | b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | |
| | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | | | |
| | e Loans or loan guarantees by related organization(s) | | | | | | | | | |
| | | | | | | | | | | |
| f | f Dividends from related organization(s) | | | | | | | | | |
| | Sale of assets to related organization(s) | | | | 1g | | Х | | | |
| | Purchase of assets from related organization(s) | | | | 1h | | Х | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Х | | | |
| - | | | | | _ | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х | | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organ | | | | | | Х | | | |
| m | Performance of services or membership or fundraising solicitations by related organ | | | | | Х | | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | | Х | | | | |
| | | | | | 10 | Х | | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х | | | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х | | | |
| • | 1 , 0 (, , , , , , , , , , , , , , , , , | | | | • | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х | | | |
| | | | | | 1s | | Х | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on wh | | | | • | | | | | |
| | (a) | (b) | (c) | (d) | | | | | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount i | nvolved | | | | | |
| | | | | | | | | | | |
| (1) | | | | | | | | | | |
| | | | | | | | | | | |
| (2) | | | | | | | | | | |
| | | | | | | | | | | |
| (3) | | | | | | | | | | |
| | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |

Schedule R (Form 990) 2022 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) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |

| Schedule R | (Form 990) 2022 | IBC | YOUTH | BOWLING, | INC. | 47-1705987 Page 5 |
|------------|--|-------------|------------|-------------------|--------------------------------|-------------------|
| Part VII | (Form 990) 2022 Supplemental Inform | nation | | • | | |
| | | | | a questions on Sc | chedule R. See instructions. | |
| | Trovide additional imornia | LIOIT IOI I | сороносо к | y questions on co | integral 11. God instructions. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ř | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Form 990-T | E | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | 1 | OMB No. 1545-0047 |
|--|-----------|--|---------------|--|
| | For ca | lendar year 2022 or other tax year beginning, and ending | | 2022 |
| Department of the Treasury Internal 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.) | DEmp | loyer identification number |
| B Exempt under section | Print | IBC YOUTH BOWLING, INC. | 4 | 7-1705987 |
| X 501(c)(3) | or | Number, street, and room or suite no. If a P.O. box, see instructions. | F Gro∪ | ip exemption number instructions) |
| 408(e) 220(e) | Туре | 621 SIX FLAGS DRIVE | (See | iristi uctions) |
| 408A 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | | |
| 529(a) 529A | | ARLINGTON, TX 76011 | F | Check box if |
| | С Во | ok value of all assets at end of year | | an amended return. |
| G Check organization | | X 501(c) corporation 501(c) trust 401(a) trust Other trust | State | college/university |
| H Check if filing only | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | |
| | | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | |
| | | ed Schedules A (Form 990-T) | | 1 |
| K During the tax year | , was the | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No |
| | | d identifying number of the parent corporation. | | |
| L The books are in ca | are of | ERIC KAMMLAH Telephone number | (817 | 7)385-8296 |
| Part I Total Un | relate | d Business Taxable Income | | |
| 1 Total of unrelated | d busine | ss taxable income computed from all unrelated trades or businesses (see | | |
| instructions) | | | 1 | 12,402. |
| | | | 2 | |
| 3 Add lines 1 and 2 | | | 3 | 12,402. |
| 4 Charitable contril | outions (| (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 | 12,402. |
| 6 Deduction for ne | t operati | ng loss. See instructions | 6 | |
| 7 Total of unrelated | d busine | ss taxable income before specific deduction and section 199A deduction. | | |
| Subtract line 6 fr | om line 5 | 5 | 7 | 12,402. |
| 8 Specific deduction | n (gene | rally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section | 199A de | duction. See instructions | 9 | |
| 10 Total deductions | s. Add li | nes 8 and 9 | 10 | 1,000. |
| 11 Unrelated busin | ess taxa | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | |
| enter zero | | | 11 | 11,402. |
| Part II Tax Con | nputat | ion | | |
| 1 Organizations ta | axable a | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 2,394. |
| 2 Trusts taxable a | t trust r | ates. See instructions for tax computation. Income tax on the amount on | | |
| Part I, line 11 from | m: | Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See in | structio | ns | 3 | |
| 4 Other tax amoun | ts. See i | nstructions | 4 | |
| 5 Alternative minim | ium tax (| (trusts only) | 5 | |
| 6 Tax on noncomp | oliant fa | cility income. See instructions | 6 | |
| 7 Total Add lines | 3 throug | h 6 to line 1 or 2, whichever applies | 7 | 2.394. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Form 990-T (2022) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 2,394. 2 Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). 2,394 section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 600. Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 6b 3.000 Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 3,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 1.206 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 .206. Enter the amount of line 10 you want: Credited to 2023 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover 736. 541800 \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain</u> in Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign 8/22/2023 May the IRS discuss this return with Here PRESIDENT the preparer shown below (see Signature of officer instructions)? X Yes Date Date PTIN Print/Type preparer's name Preparer's signature Check LACEY SILBERNAGEL, LACEY SILBERNAGEL, self- employed **Paid** CPACPA 08/21/23 P01245590 **Preparer** CLIFTONLARSONALLEN LLP 41-0746749 Firm's name Firm's EIN Use Only 100 MARITIME DRIVE, SUITE 2B MANITOWOC, WI 54220 Phone no. 920-684-5500Firm's address Form 990-T (2022) 223711 01-16-23

42

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal 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 fo 501(c)(3) Organizations Only

| A Name of the organization IBC YOUTH BOWLING, INC. | | | B Employer 47-17 | identifica | |
|---|-------|-------------------------|-------------------|------------|---------------------|
| | | | | | |
| C Unrelated business activity code (see instructions) 54180 | 0 | | D Sequence | <u>: 1</u> | of 1 |
| E Describe the unrelated trade or business ONLINE ADVER | TSTI | NG | | | |
| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net |
| 1a. Green receipts or calco | T | | | | |
| 1a Gross receipts or sales b Less returns and allowances c Balance | 1c | | | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 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 | | | | |
| c Capital loss deduction for trusts | 4c | | | | |
| 5 Income (loss) from a partnership or an S corporation (attach | | | | | |
| statement) | 5 | | | | |
| 6 Rent income (Part IV) | 6 | | | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | | | |
| 8 Interest, annuities, royalties, and rents from a controlled | | | | | |
| organization (Part VI) | 8 | | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) | | | | | |
| organizations (Part VII) | 9 | | | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | 29,059. | 13,9 | 43. | 15,116. |
| 11 Advertising income (Part IX) | 11 | | | | |
| 12 Other income (see instructions; attach statement) | | | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 29,059. | 13,9 | 43. | 15,116. |
| Part II Deductions Not Taken Elsewhere See instruct directly connected with the unrelated business in | | limitations on ded | ductions. Dedu | ıctions | must be |
| 1 Compensation of officers, directors, and trustees (Part X) | | | | 1 | |
| 2 Salaries and wages | | | | 2 | |
| 3 Repairs and maintenance | | | | 3 | |
| 4 Bad debts | | | | 4 | |
| 5 Interest (attach statement). See instructions | | | | 5 | |
| 6 Taxes and licenses | | | | 6 | 978. |
| 7 Depreciation (attach Form 4562). See instructions | | | | | |
| 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) | | СБЕ СШУП | 1 | 13 | 1,000. |
| Other deductions (attach statement) | | | | 14 | 1,978. |
| | | no 15 from Part I, line | | 15 | 1,910. |
| | | | 10, | 16 | 13,138. |
| column (C) 17 Deduction for net operating loss. See instructions | | ят м т 2 | STMT 4 | 17 | 736. |
| 18 Unrelated business taxable income. Subtract line 17 from line 1 | 6 | D1111 2 | . Diff. T | 18 | 12,402. |
| LHA For Paperwork Reduction Act Notice, see instructions. | | | | | A (Form 990-T) 2022 |

1

| | ule A (Form 990-T) 2022 | | | | Page 2 |
|------|---|---------------------------|---------------------------|---------------|--------|
| Part | III Cost of Goods Sold Enter met | nod of inventory valuat | ion | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | 1 _ 1 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter I | | | | |
| 9 | Do the rules of section 263A (with respect to property) | • | | | Yes No |
| Part | | | 7 1 1 2 | U | |
| 1 | Description of property (property street address, city, s | | _ | | |
| • | A | tate, Zii Codej. Oneck | ii a duaruse. See iiistit | ctions. | |
| | в — | | | | |
| | | | | | |
| | <u> </u> | | | | |
| | D | _ 1 | | • | |
| _ | | A | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | 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 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. En | | line 6, column (B) | | 0. |
| Part | (0) | • | | | |
| 1 | Description of debt-financed property (street address, o | city, state, ZIP code). C | heck if a dual-use. See | instructions. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | ı | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | 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- | | | | |
| | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Pa | t I, line 7, column (A) | | 0. |
| | • | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | ough D. Enter here and | on Part I, line 7, colum | ın (B) | 0. |
| 11 | Total dividends-received deductions included in line | | | | 0. |

A3515221

Schedule A (Form 990-T) 2022 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2) (3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 Totals 0. Investment Income of a Section 501(c)(7), (9), or (17) Organization Part VII (see instructions) 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (attach statement) (add cols 3 and 4) (1) (2)(3)(4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) **Totals** Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: ONLINE ADVERT 29,059. 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, 13,943. line 10, column (B) 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2022

5

6

5

6

4. Enter here and on Part II, line 12

0.

1

| | ule A (Form 990-T) 2022 | | | | Page 4 |
|---------|---|---|----------------------|-----------------|--------------------|
| Part | IX Advertising Income | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting | ng two or more periodicals on a | consolidated basis | 3. | |
| | A 💹 | | | | |
| | В 💹 | | | | |
| | c 🗀 | | | | |
| | D | | | | |
| Enter a | amounts for each periodical listed above in the | corresponding column. | | | |
| | | Α | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and on | | • | • | 0. |
| а | 3 | , | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on | | · I | I. | 0. |
| ŭ | Add coldmine At through B. Effici Hore and on | (b) | | | |
| 4 | Advertising gain (loss). Subtract line 3 from lir | | | | |
| - | 2. For any column in line 4 showing a gain, | ie | | | |
| | | | | | |
| | complete lines 5 through 8. For any column in | <u> </u> | | | |
| | line 4 showing a loss or zero, do not complete | l l | | | |
| _ | lines 5 through 7, and enter zero 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 les | I | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain of | I | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the gr | reater of the line 8a, columns to | otal or zero here an | d on | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Dir | rectors, and Trustees | see 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 | | | | 0. |
| Part | XI Supplemental Information (se | | | , | |
| | , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| TEC TOOLE BONDING, IN | IBC | YOUTH: | BOWLING, | INC |
|-----------------------|-----|--------|----------|-----|
|-----------------------|-----|--------|----------|-----|

| IBC YOUTH BOWLING, INC | <u>•</u> | | | | 47- | 1705987 |
|---|----------|-------------------------------|----------------|----------------------|--------------------|--------------------|
| FORM 990-T (A) | | OTHER DEDUCTION | ns | | STATEM | ENT 1 |
| DESCRIPTION | | | | | АМО | UNT |
| TAX PREP FEES | | | | | | 1,000. |
| TOTAL TO SCHEDULE A, P. | ART II, | LINE 14 | | | | 1,000. |
| FORM 990-T (A) | | POST 2017 NOL SCHE | DULE | | STATEM | ENT 2 |
| PRIOR YEAR POST 2017 NOL | | NOL DEDUCTION | | CARRYFOI POST 201 | RWARD OF 17 NOL | |
| 736. | | 736. | | | 0. | |
| 990-T SCH A PO | OST-201 | .7 NET OPERATING I | OSS DEDUC | CTION | STATEM | ENT 3 |
| TAX YEAR LOSS SUSTA | INED | LOSS PREVIOUSLY APPLIED | LOSS REMAIN | ING | AVAILA THIS Y | |
| 12/31/20 15, | 254. | 14,518. | | 736. | | 736. |
| NOL CARRYOVER AVAILABLE | E THIS | YEAR | | 736. | | 736. |
| SCH A (990-T) | SCHEI | OULE A NOL DETAIL | | | STATEM | ENT 4 |
| TAXABLE INCOME FROM A | | | | | | 13,138. 13,138. |
| THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS | | | | | | 100.00% |
| TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS 80% INCOME LIMITATION | | | | | 13,138. 10,510. | |
| POST-2017 AVAILABLE LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION | | | | | | 736. 736. |

IBC YOUTH BOWLING, INC.

| FORM 990-T (A) PART VIII - EXPENSES DIF | | _ | STATEMENT 5 |
|---|--------------------|---------|-------------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| ADVERTISING SERVICES EXPENSE - SUBTOTAL - | - 1 | 13,943. | 13,943. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VI | II, COLUMN | 3 | 13,943. |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

WISCONSIN FORM 4T

FOR THE YEAR ENDING

December 31, 2022

| Pre | nar | \sim d | or | |
|-----|-----|----------|-----|---|
| LIE | μai | cu | UI. | ۰ |

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 | \$ 978 |
|------------------------------|-------------|
| Less: payments and credits | \$ 1,980 |
| Plus: other amount | 0 |
| Plus: interest and penalties | \$ 0 |
| Overpayment | \$ 1,002 |

Overpayment:

| Credited to your estimated tax | \$ 1,002 |
|--------------------------------|-------------|
| 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 15, 2023

Special Instructions:

IBC YOUTH BOWLING, INC. 621 SIX FLAGS DRIVE ARLINGTON, TX 76011

WISCONSIN DEPARTMENT OF REVENUE P.O. BOX 8908 MADISON, WI 53708-8908

EXTENSION PAYMENT

| 287551 10-31-22 | ▼ | cut here ▼ | | | |
|---|--|---|--|--|--|
| 2022 Form Corp-ES | Use this form only if yo Person to contact regarding payment: | on Estimated Tax Voucher our taxable year begins in 2022 ERIC KAMMLAH 8173858296 | Make check payable to and mail to: Wisconsin Department of Revenue PO Box 3028 Milwaukee WI 53201-3028 | | |
| Federal Employer ID Number 47 1705987 Entity Name | | This estimated tax payment is for X 2022 calendar year Fiscal year beginning Short taxable year beginnin ending | | | |
| IBC YOUTH BOWLD Number and Street 621 SIX FLAGS D City | • | Payments are due by the 15th da months of the taxable year and, for by the 15th day of the 4th month | Payments are due by the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year and, for corporations receiving extensions, by the 15th day of the 4th month after the end of the taxable year. Exception: For fiscal years beginning in April, the first estimated tax | | |
| ARLINGTON | TX 76011 | Amount of Paym | ent \$ 1750. | | |

Please do not staple your payment to this voucher.

DC-045 (R. 11-20)

| Schedule A Computation of Estimated Tax and Econo | omic Developmen | t Surcharge | (A) Original Computation | (B) Amended Computation |
|--|---------------------------|-------------------------|-----------------------------|----------------------------|
| 1 Amount of total estimated net income expected in taxable year that | 12380 | | | |
| 2 Percentage of line 1 attributable to Wisconsin | | | 100.0000 | |
| 3 Amount of estimated net income attributable to Wisconsin (multiply | line 1 by line 2) | | 12380 | |
| 4 Franchise or income tax (for corporations, 7.9% of income on line 3; | ; trusts use trust rate | s) | 978 | |
| 5 Total estimated credits | | | | |
| 6 Net franchise or income tax (subtract line 5 from line 4) | | | 978 | |
| 7 Economic development surcharge (3% of line 4 for C corporations; S corporations) | rations and trusts see t | ax return instructions) | | |
| 8 Total estimated tax and economic development surcharge (add line | s 6 and 7) ** | 1,000 | 978 | |
| Schedule B Computation of Installments Due | | Installmen | t Number | |
| 1 Enter in columns 1 through 4 the installment due dates that correspond to | 1 | 2 | 3 | 4 |
| the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year. * | 04182023 | 06152023 | 09152023 | 12152023 |
| 2 If 4 installments are due, enter in each col. 1/4 of Schedule A, line 8, col. A. | | | | |
| If less than 4 installments are due, see instructions under "When to Pay." | 250 | 250 | 250 | 250 |
| 3 Enter any overpayment from your 2022 Form 4, 4T, 5S, or 6 (apply first | | | | |
| to col. 1 and carry any unused balance to col. 2, then col. 3, etc.). | 250 | 250 | 250 | 252 |
| 4 Installment amount (subtract line 3 from line 2). Enter here and on | | | | |
| installment vouchers. | | | | |
| Schedule C Computation of Amended Installment | s Due | | | |
| 1 Enter amended estimated tax and economic development surcharg | ge from Schedule A, | ine 8, column B | | |
| 2 Enter: a Amount of overpayment from 2022 Form 4, 4T, 5S, or 6 offset | t against installments pa | aid to date a | | |
| b Amount of payments made to date | | b | | |
| 3 Total of payments and credits claimed to date (add line 2a and line | 2b) | | | |
| 4 Unpaid balance (subtract line 3 from line 1) | | | | |
| 5 Enter the due dates of remaining installments due (from Schedule B, In. 1) | | | | |
| 6 To determine the portion of line 4 to enter for each remaining | | | | |
| installment, see instructions under "Amended Installments" | | | | |
| 7 Enter the balance of 2022 overpayment - total overpayment credited from 2022 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 installments due (subtract line 7 from line 6) | | | | |
| Schedule D Record of Payments | | | | Total |
| 1 2022 overpayment from Form 4, 4T, 5S, or 6 | | | | |
| 2 Date paid | | | | |
| 3 Amount paid + | + | + | + : | = |
| 4 Total 2023 payments (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).

| 287542 10-31-22 | ▼ cut here ▼ | |
|--|--|--|
| 2023 Use this Corp.=FS Person to contact regard | form only if your tayable year begins in 2023 | yable to and mail to: urtment of Revenue 3201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending | |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 5 months of the taxable year and, for corporations reby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the fir payment is due June 15. | ceiving extensions, ne taxable year. |
| ARLINGTON TX 7601 | 1 Amount of Payment \$ | |

| 287542 10-31-22 | ▼ cut here ▼ | |
|--|--|--|
| 2023 Use this Corp.=FS Person to contact regard | form only if your tayable year begins in 2023 | yable to and mail to: urtment of Revenue 3201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending | |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 5 months of the taxable year and, for corporations reby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the fir payment is due June 15. | ceiving extensions, ne taxable year. |
| ARLINGTON TX 7601 | 1 Amount of Payment \$ | |

| 287542 10-31-22 | ▼ cut here ▼ | |
|--|--|--|
| 2023 Use this Corp.=FS Person to contact regard | form only if your tayable year begins in 2023 | yable to and mail to: urtment of Revenue 3201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending | |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 5 months of the taxable year and, for corporations reby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the fir payment is due June 15. | ceiving extensions, ne taxable year. |
| ARLINGTON TX 7601 | 1 Amount of Payment \$ | |

| 287542 10-31-22 | ▼ cut here ▼ | |
|--|--|--|
| 2023 Use this Corp.=FS Person to contact regard | form only if your tayable year begins in 2023 | yable to and mail to: urtment of Revenue 3201-3028 |
| Federal Employer ID Number 47 1705987 Entity Name | This estimated tax payment is for: X 2023 calendar year Fiscal year beginning Short taxable year beginning ending | |
| IBC YOUTH BOWLING, INC. Number and Street 621 SIX FLAGS DRIVE City State ZIP Code | Payments are due by the 15th day of the 4th, 6th, 5 months of the taxable year and, for corporations reby the 15th day of the 4th month after the end of the Exception: For fiscal years beginning in April, the fir payment is due June 15. | ceiving extensions, ne taxable year. |
| ARLINGTON TX 7601 | 1 Amount of Payment \$ | |

Form **4**T

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

Wisconsin Exempt Organization Business Franchise or Income Tax Return

| 2022 |
|------|
| |

For calendar year 2022 or tax year beginning 01 01 2022 and ending 12 31 2022

| M M D D Y Y Y Y | | MMDDYY | <i>Y</i> | |
|--|-------------------|---------------------------------------|---------------------|--|
| Complete form using BLACK INK. Due Date: 15th day | of 5th month | (4th month for certain trusts | and IRAs) following | g close of taxable year. |
| Exempt Organization Name IBC YOUTH BOWLING, INC. | | | | |
| Number and Street 621 SIX FLAGS DRIVE | | | | Suite Number |
| City ARLINGTON | State TX | ZIP (+ 4 digit suffix if known) 76011 | A Federal Empl | |
| D Check ✓ if applicable and attach explanation: 1 Amended return (Include Schedule AR) 2 First return - new corporation or entering Wisconsin 3 Final return - corporation dissolved or withdrew 5 | Short period | | _ W ⊥ state in | nization and Year obreviation of box, or if a country, enter |
| Check if applicable and see instructions: E X If you have an extension of time to file, enter extended due date | 12 15 MM DD Y | | | |
| F If you have related entity expenses and are required to file Schedule RT with G If you changed your organization name | n this return | | | |
| H Internal Revenue Service adjustments became final during the year Enter years adjusted | | | | |
| I Check ✓ type of organization: | | J Name of Trustee if Tax | kable as Trust | |
| 1 X Corporation 2 Trust - due 4th month 3 Trust - du | ue 5th month | | | |
| ENTER NEGATIVE NUMBERS LIKE THIS | → -1000 <u>NO</u> | OT LIKE THIS (1000) | N | O COMMAS; NO CENTS |
| Organizations Taxable as Corporations (Trusts do not fill in lin | | | | |
| | | | | 11402 · 1714 · |
| <u>3</u> Add lines 1 and 2 | | | | 13116. |
| 4 Subtractions (from Part 2, Page 3) | | | | 736 . |
| <u>5</u> Total net nonapportionable unrelated business taxable inco | ome (loss) (fro | om Form N, line 8) | 5 | <u> </u> |
| 6 Subtract lines 4 and 5 from line 3. This is apportionable un | related busine | ess taxable income | 6 | 12380 . |
| 7 Wisconsin apportionment percentage. Enter the apportion | | | 7 | 100.0000 % |
| If 100% apportionment, check (>>) the space after the arro | w | | <u>X</u> | |
| If using separate accounting, check () the space after th 8 Multiply line 6 by line 7 | | | ► ₈ | 12380 . |
| 9 Wisconsin net nonapportionable unrelated business taxable | e income (los | s) (from Form N, line 9) | 9 | |
| 10 Combine lines 8 and 9. This is Wisconsin unrelated busines | ss taxable inc | come (loss) | 10 | |
| 11 Enter 7.9% (0.079) of amount on line 10. This is gross tax | | | 11 | 978 . |
| 12 Nonrefundable credits (from Schedule CR) | | | 12 | 0. |
| 13 Subtract line 12 from line 11. If line 12 is greater than line 1 | I1, enter zero | (0). This is net tax | 13 | 978 . |
| Organizations Taxable as Trusts (Corporations do not fill in lin | - | · | | |
| 14 Unrelated business taxable income (from federal Form 990 | | | 44 | |
| federal Form 4720) | | | | • |
| 15 Additions (from Part 1, Page 3) | | | 15 | • |
| <u>16</u> Add lines 14 and 15 | | | | <u>.</u> |
| 17 Subtractions (from Part 2, Page 3) | | | 17 | <u> </u> |
| 18 Subtract line 17 from line 16. This is Wisconsin unrelated b | ousiness taxal | ble income | 18 | <u> </u> |
| 10 Tax from tax table on amount on line 18. This is gross tax | | | 19 | _ |

| 2022 Form 4T | | Page 2 of 3 |
|--|------------------|---------------------------------|
| 20 Nonrefundable credits (from Schedule CR) | 20 | <u> </u> |
| 21 Net income tax paid to other states | 21 | |
| 22 Add lines 20 and 21 | | |
| Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (0). This is net tax | | |
| 24 Tax from line 13 or 23 | | 978 <u>.</u> |
| 25 Economic development surcharge (see instructions) | 25 | |
| 26 Endangered resources donation (decreases refund or increases amount owed) | | |
| 27 Veterans trust fund donation (decreases refund or increases amount owed) | | |
| | | |
| 28 Add lines 24 through 27 | 28 | 978 . |
| 29 Estimated tax payments less refund from Form 4466W 29 1980 | <u>.</u> | |
| 30 Wisconsin tax withheld | | |
| 31 Refundable credits (from Schedule CR) 31 | <u>.</u> | |
| | | |
| 32 Amended Return Only - amount previously paid 32 33 Add lines 29 through 32 33 | <u>•</u> | |
| | | |
| 34 Amended Return Only - amount previously refunded | | |
| 35 Subtract line 34 from 33 | . 35 | 1980 . |
| | | |
| 36 Interest, penalty, and late fee due (from Form U line 17 or 26, or Schedule U, line 15 or 29). | | |
| If you annualized income on Form U or Schedule U, check (//) the space after the arrow | 36 | - |
| 37 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 | 37 | |
| 38 Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract the total of lines | | |
| 28 and 36 from line 35 | 38 | 1002. |
| 39 Enter amount of line 38 you want credited on 2023 estimated tax 39 1002 | <u>.</u> | |
| 40 Subtract line 39 from line 38. This is your refund | 40 | |
| Subtract line 39 from line 38. This is your refund Enter total gross receipts from all unrelated trade or business activities | | 2225 |
| The lotal gross receipts normal difference trade of business activities | | 25035 . |
| Additional Information Deposits d | | |
| Additional Information Required | 050206 | |
| | 030490 | Fax #: |
| | alata Calaadii | de DE analinatura unita tala |
| | olete Schedu | lle DE and include with this |
| return. Did you include the incomes of these entities in this return? Yes No | | |
| 4 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumpt | ion in Wisso | nein without navment |
| of a state sales or use tax? Yes X No If yes, you may owe Wisconsin use tax. See in | | • • |
| (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.) | Structions to | i now to report use tax. |
| 5 List the locations of your Wisconsin operations: NONE | | |
| Elot the locations of your viloconom operations. | | |
| Third Do you want to allow another person to discuss this return with the department? X Yes Con | nplete the follo | owing. No |
| | | |
| Party Print Phone Number ▼ Designee's | Persor | nal Identification Number (PIN) |
| Designee Name ► LACEY SILBERNAGE 9206845500 | <u>4</u> ! | 5590 |
| | of many land of | adea and ballat |
| Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best Signature of Officer or Trustee | | edge and belief. Date |
| PRESIDENT | | Daid |
| Preparer's Signature Preparer's Federal Employer ID Number | | Date |
| LACEY SILBERNAGEL, CPA 41 0746749 | | 08 21 2023 |

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



2022 Form 4T Page **3 of 3**

Part 1 - Additions: Interest income (less related expenses) from state and municipal obligations 2 State and local franchise or income taxes 3 Capital gain/loss adjustment 736. Federal net operating loss carryover Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1) 5 6 Reserved for future use 7 Transitional adjustments _____ 8 Credit computed (see instructions): Business development credit 8a <u>a</u> Community rehabilitation program credit 8b b Development zones credits 8c С d Economic development tax credit 8d Electronics and information technology manufacturing е _____8e Employee college savings account contribution credit 8f g Farmland preservation credit ______ 8h h i Ĺ k Ţ Research expense credit 81 Reserved for future use 8m Total credits (add lines 8a through 8m) 8n Other additions: d Total other additions (add lines 9a through 9c) 10 Total additions (add lines 1 through 7, 8n, and 9d and enter on page 1) ______ 10 _____ Part 2 - Subtractions: Interest income (less related expenses) from United States government obligations _______1 2 Capital gain/loss adjustment 2 <u>3</u> Wisconsin net operating loss carryforward 3 Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K-1, 3K-1, or 5K-1) 4 Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from 5 related entity and submit with your return) _______5 ______ Transitional adjustments 6 _ 7 Other subtractions: 7c d Total other subtractions (add lines 7a through 7c)



Total subtractions (Add lines 1 through 6 and 7d and enter on page 1)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A I</u> | or the | 2022 calendar year, or tax year beginning and | ending | | | |
|-------------------------|--|--|--------------|------------------------------|-------------------------------|--|
| | Check if applicable | C Name of organization | | D Employer identifie | cation number | |
| | Address change IBC YOUTH BOWLING, INC. | | | | | |
| | Name change | | | 47-17059 | 87 | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 621 SIX FLAGS DRIVE | Room/suite | E Telephone number 800-343- | | |
| | termin- ated | | | G Gross receipts \$ | 2,588,521. | |
| | Amend | ed ARLINGTON, TX 76011 | | H(a) Is this a group re | | |
| | Application | F Name and address of principal officer: CHAD MURPHY | | for subordinates | | |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | |
| Τ. | Гах-ехе | empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)(1) = 4947(a)(1) =$ | or 527 | If "No," attach a | list. See instructions | |
| | Nebsit | | | H(c) Group exemptio | n number | |
| K | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 2014 N | 1 State of legal domicile: WI | |
| | art I | Summary | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: $\begin{tabular}{ll} $PROVI \\ \hline PROVIDE & A SAFE, & POSITIVE, & AND & FUN & ENVI \\ \hline \end{tabular}$ | | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or dispos | | | | |
| Veri | 3 | • | | 3 | 4 | |
| Ĝ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 2 | |
| ≪ ″ | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 7 | |
| ij | 6 | Total number of volunteers (estimate if necessary) | | | 150 | |
| Ęį | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 29,059. | |
| ¥ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 11,402. | |
| | | | | Prior Year | Current Year | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 122,750. | 516. | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 2,200,249. | 2,292,258. | |
| š | 1 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 122,364. | 65,020. | |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 193,219. | 201,605. | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,638,582. | 2,559,399. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 663,255. | 561,090. | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | |
| 'n | 45 . | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 580,797. | 542,887. | |
| Se | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | |
| ŭ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,527,775. | 1,912,683. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,771,827. | 3,016,660. | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -133,245. | -457,261. | |
| or | | · | Ве | ginning of Current Year | End of Year | |
| sets | 20 | Total assets (Part X, line 16) | | 4,392,185. | 3,655,080. | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 729,594. | 801,395. | |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 3,662,591. | 2,853,685. | |
| Pa | art II | Signature Block | | | | |
| Und | er pena | ties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of my | knowledge and belief, it is | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge. | | |
| | | 0 | | | | |
| Sig | | Signature of officer | | Date | | |
| Her | e | CHAD MURPHY, PRESIDENT | | | | |
| | | Type or print name and title | | Data I F | DTIN | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | |
| Paid | - 1 | LACEY SILBERNAGEL, CPA LACEY SILBERNAGE | ть, СО | 8/21/23 self-employ | | |
| - | parer | Firm's name CLIFTONLARSONALLEN LLP | | Firm's EIN 4 | 1-0746749 | |
| Use | Only | Firm's address 100 MARITIME DRIVE, SUITE 2B | | | 0 604 5500 | |
| | | MANITOWOC, WI 54220 | | Phone no. 92 | 0-684-5500 | |
| May | / the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No | |

| Form | $_{1990(2022)}$ IBC YOUTH BOWLING, INC. $47-1705987$ Page 2 | 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 | _ |
| _ | | |
| | | , |
| _ | 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 \$ |) |
| | 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. | |
| | | |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | 1 020 700 | _ |
| 4b | (Code:) (Expenses \$1,839,700. including grants of \$561,090.) (Revenue \$1,355,638. |) |
| | 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 \$ 717,086 • including grants of \$) (Revenue \$ 160,008 • | _ |
| 40 | (Code:) (Expenses \$/11,086. including grants of \$) (Revenue \$) (Revenue \$) | , |
| | FOBBIC REDATIONS, MARKETING, INDUSTRI REDATIONSHIP | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| 4d | Other program services (Describe on Schedule O.) | _ |
| Tu | Other program activida IDEachDE On OchEquie O.1 | |
| | | |
| 1- | (Expenses \$ including grants of \$) (Revenue \$) | _ |
| 4e | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | -23 |
| 8 | , , | | | x |
| _ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 3,7 |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ., |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | IZU | | |
| | , . | 12b | | x |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the appropriation projection of the control of the United Otelson | | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | -21 |
| 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 | 44. | | х |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | ا ا | | v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | ., |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> X</u> |
| 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 | | 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |

IBC YOUTH BOWLING, INC. 47-1705987 Page 4 Form 990 (2022) Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): 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 c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 35 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

(gambling) winnings to prize winners?

13500821 131839 A351522

Form 990 (2022)

Form 990 (2022) IBC YOUTH BOWLING, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

47-1705987

Page 5

| | . (continued) | | Yes | No |
|---------|--|---------------|------|-----------------------------|
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | res | No |
| Za | filed for the calendar year ending with or within the year covered by this return 2a 7 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| b 3a | | 3a | X | |
| | ISBN 11 11 11 11 11 11 11 11 11 11 11 11 11 | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | JU | - 25 | |
| тa | 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 | a | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 52 | 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 transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | | " | | |
| - | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | 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? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | |
| 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. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| _ | organization is licensed to issue qualified health plans 13b | - | | |
| C | Enter the amount of reserves on hand Did the exemplation receive any payments for indeed templace during the tay year? | 110 | | Х |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | x |
| | excess parachute payment(s) during the year? | 15 | | $\stackrel{\wedge}{\vdash}$ |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 10 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. 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? | 17 | | |
| | If "Yes," complete Form 6069. | - '' | | |
| | ii 100, complete i offit 0000. | | | |

232005 12-13-22 Form **990** (2022)

Form 990 (2022)

IBC YOUTH BOWLING, INC.

47-1705987

Pane 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 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? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ERIC KAMMLAH - (817)385-8296 SIX FLAGS DRIVE, ARLINGTON 76011 621

Form **990** (2022)

A3515221

Form 990 (2022) 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 Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

| (A) | (B) | | (C) | | | (D) | (E) | (F) | | |
|----------------------|----------------|--------------------------------|--|---------|---|------------------------------|------------|-----------------|-----------------|---------------|
| Name and title | Average | (do | Position (do not check more than one box, unless person is both ar | | 200 | Reportable | Reportable | Estimated | | |
| | hours per | box | | | box, unless person is both an officer and a director/trustee) | | | is both | n an | compensation |
| | week | - | cer ar | nd a di | irecto | or/trus T | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | au | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee | truste | | e e | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ıal tru | onal | | ploye | E e | | 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 | 1 | - | | _ | 1 0 | _ | | | |
| PRESIDENT | 40.00 | Х | | Х | | | | 0. | 406,615. | 38,195. |
| (2) FRANK DESOCIO | 2.00 | | | | | | | | | |
| VICE PRESIDENT | 40.00 | Х | | Х | | | | 0. | 293,880. | 15,714. |
| (3) MELISSA MCDANIEL | 2.00 | | | | | | | | | |
| DIRECTOR | 4.50 | Х | | | | _ | | 0. | 0. | 0. |
| (4) KEVIN KRAUSS | 2.00 | | | | | | | | | |
| DIRECTOR | 12.50 | Х | | | | _ | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | _ | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | \vdash | | | | |
| | | 1 | | | | | | | | |

232007 12-13-22 Form **990** (2022)

| | 1990 (2022) IBC YOUTH | I BOWLIN | ΙG, | Ι | NC | | | | | 47-1705 | 987 | Р | age 8 |
|---------------------|--|--|--------------------------------|--|---------------|--------------|------------------------------|--------|---|---|-------------------------------|---|-----------------|
| Pai | t VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | |
| | (A) Name and title | (B) Average hours per week | box | Position (do not check more than one box, unless person is both a officer and a director/trustee | | | than c s both | an | (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 | In stit utional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | fr org an | pensa rom th anizat d relat anizati | e ion ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Ochold | | | | | | | | 0. | 700,495. | 5 | 3 0 | <u> </u> |
| 1b c <u>d</u> | Total from continuation sheets to Part VII Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. | 700,495. | 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 | | Yes | 0 N o |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si | • | | • | • | • | | _ | | • | 3 | 162 | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | ım of reportable 0,000? If "Yes, | e co " <i>co</i> | mpe mple | ensa ete S | tion Sche | and dule | oth | ner compensation from the compensation from | ne organization | 4 | Х | |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? f "Yes," cometion B. Independent Contractors | | | | | | | | | | 5 | | X |
| 1 | Complete this table for your five highest conthe organization. Report compensation for the organization for the compensation for the co | | | | | | | | | | tion fro | om | |
| | (A) Name and business | address | NC | ONE | <u> </u> | | | | (B) Description of s | ervices C | (C Compe | | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2022)

IBC YOUTH BOWLING, INC. Form 990 (2022)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 516. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 516. h Total. Add lines 1a-1f **Business Code** 2 a TOURNAMENT FEES 713990 355,638.1,355,638. Program Service Revenue **b** MEMBERSHIP DUES 713990 763,487. 763,487. 173,133. c SPONSORSHIP INCOME 713990 144,074. 29,059. f All other program service revenue 2,292,258. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 65,020 65,020. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 185,671. 185,671. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 36,637. and allowances 29,122 **b** Less: cost of goods sold 7,515. 7,515. c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 8.419. 8,419. d All other revenue 8,419. e Total. Add lines 11a-11d ,559,399.2,279,133. 29,059. 250,691. **12 Total revenue.** See instructions

232009 12-13-22

Form **990** (2022)

IBC YOUTH BOWLING, INC.

47-1705987 Page 10

Form 990 (2022) IBC YOUTH BOW
Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must compl | | | nplete column (A). | V |
|----------|--|--|--------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a respons | se or note to any line in t (A) Total expenses | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | 561,090. | 561,090. | | |
| 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, | | | | |
| 6 | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| 7 | Other salaries and wages | 423,002. | 283,411. | 139,591. | |
| 8 | Pension plan accruals and contributions (include | 123,002. | 200,111. | 200,002. | |
| - | section 401(k) and 403(b) employer contributions) | 11,697. | 7,837. | 3,860. | |
| 9 | Other employee benefits | 74,702. | 50,050. | 24,652. | |
| 10 | Payroll taxes | 33,486. | 22,436. | 11,050. | |
| 11 | Fees for services (nonemployees): | | | · | |
| а | . ` ` ' ' | | | | |
| b | Legal | 12,500. | | 12,500. | |
| С | Accounting | 23,945. | | 23,945. | |
| d | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 496,321. | 496,321. | | |
| 12 | Advertising and promotion | 49,649. | 49,649. | | |
| 13 | Office expenses | 208,452. | 198,629. | 9,823. | |
| 14 | Information technology | 38,435. | | 38,435. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 373,813. | 373,813. | | |
| 17 | Travel | 3/3,813. | 3/3,013. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 91,483. | 91,483. | | |
| 23 | Insurance | 1,775. | , | 1,775. | |
| 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 O.) | | | | |
| а | LINEAGE | 339,625. | 339,625. | | |
| b | AWARDS | 221,601. | 221,601. | | |
| С | FOOD AND BEVERAGE | 42,708. | 42,708. | | |
| d | MEMBERSHIP EXPENSES | 12,376. | 12,376. | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,016,660. | 2,751,029. | 265,631. | 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) | | | | Farra 990 (0000 |

Form 990 (2022)

13500821 131839 A351522

Form 990 (2022)

Part X | Balance Sheet

IBC YOUTH BOWLING, INC.

47-1705987 Page **11**

| alance Sheet | | | | | |
|---|----------------------|------------------------|---------------------------------|-----------------------------------|---|
| neck if Schedule O contains a response or r | note to any lin | e in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| ash - non-interest-bearing | | 910,255. | 1 | 654,603. | |
| avings and temporary cash investments | | | 2 | | |
| edges and grants receivable, net | | | 3 | | |
| ccounts receivable, net | | | 109,252. | 4 | 1,511 |
| oans and other receivables from any current | | | | | |
| ustee, key employee, creator or founder, su | | | | | |
| ontrolled entity or family member of any of the | | 5 | | | |
| controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined | | | | | |
| under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | 6 | |
| otes and loans receivable, net | | | | 7 | |
| ventories for sale or use | | | 78,838. | 8 | 37,801 |
| and a fall and a second and a fall of a second all a factors and | | | 17,900. | 9 | 37,801 70,065 |
| and, buildings, and equipment: cost or other | | | | | |
| asis. Complete Part VI of Schedule D | | 649,024. | | | |
| ess: accumulated depreciation | 1 1 | 228,596. | 511,911. | 10c | 420,428 |
| vestments - publicly traded securities | | | 2,764,029. | 11 | 420,428 |
| vestments - other securities. See Part IV, lin | | | 12 | | |
| vestments - program-related. See Part IV, lir | | | 13 | | |
| tangible assets | | | 14 | | |
| ther assets. See Part IV, line 11 | | | 15 | | |
| otal assets. Add lines 1 through 15 (must e | | | 4,392,185. | 16 | 3,655,080 |
| ccounts payable and accrued expenses | | 27,850. | 17 | 84,497 | |
| rants payable | | 18 | | | |
| eferred revenue | | | 701,744. | 19 | 716,898 |
| ax-exempt bond liabilities | | | | 20 | |
| scrow or custodial account liability. Comple | | | | 21 | |
| pans and other payables to any current or fo | ormer officer, o | director, | | | |
| ustee, key employee, creator or founder, su | ostantial contr | ributor, or 35% | | | |
| ontrolled entity or family member of any of the | | | 22 | | |
| ecured mortgages and notes payable to unr | elated third pa | | | 23 | |
| nsecured notes and loans payable to unrela | ted third parti | es | | 24 | |
| ther liabilities (including federal income tax, | payables to re | elated third | | | |
| arties, and other liabilities not included on lir | nes 17-24). Co | mplete Part X | | | |
| Schedule D | | | | 25 | |
| otal liabilities. Add lines 17 through 25 | | | 729,594. | 26 | 801,395 |
| rganizations that follow FASB ASC 958, c | heck here | X | | | |
| nd complete lines 27, 28, 32, and 33. | | | | | |
| et assets without donor restrictions | | | 3,662,591. | 27 | 2,853,685 |
| et assets with donor restrictions | | | | 28 | |
| rganizations that do not follow FASB ASC | 958, check l | here 🔲 📗 | | | |
| nd complete lines 29 through 33. | | | | | |
| apital stock or trust principal, or current fun | | | 29 | | |
| aid-in or capital surplus, or land, building, or | | | | 30 | |
| etained earnings, endowment, accumulated | income, or ot | ther funds | | 31 | |
| otal net assets or fund balances | | | 3,662,591. | 32 | 2,853,685 |
| | | | 4,392,185. | 33 | 3,655,080 Form 990 (202 |
| otal liabilities and net | assets/fund balances | t assets/fund balances | t assets/fund balances | t assets/fund balances 4,392,185. | t assets/fund balances 4 , 392 , 185 • 33 |

| | 1990 (2022) IBC YOUTH BOWLING, INC. | 47-17 | 05987 | Page 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 | 2,559 | ,399. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,016 | ,660. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -457 | ,261. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,662 | ,591. |
| 5 | Net unrealized gains (losses) on investments | 5 | -351 | ,645. |
| 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 | 2,853 | ,685. |
| 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 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 | 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 | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | |
| За | 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 | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form 9 | 990 ₍₂₀₂₂₎ |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

IBC YOUTH BOWLING, INC. 47-1705987 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

IBC YOUTH BOWLING, INC.

47-1705987 Page 2

| Part II | Support Schedule for Org | panizations Described in Sections | 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) |
|---------|--------------------------|-----------------------------------|---------------------------------------|
| | | | |

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|----------|---|-----------------------|---------------------|--|----------------------|-------------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| 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 | | | | | | |
| | Gross receipts from related activities, | • | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) | |
| 800 | organization, check this box and stor | | | | | | |
| | etion C. Computation of Publi | | | (6) | | | |
| | Public support percentage for 2022 (I | | | | | 14 | <u>%</u> |
| | Public support percentage from 2021 | | | | | 15 | <u>%</u> |
| юа | 33 1/3% support test - 2022. If the content have The expenientian qualifies | - | | | | | |
| L | stop here. The organization qualifies 33 1/3% support test - 2021. If the o | | - | | | or more check thi | |
| D | | - | | | | | |
| 17^ | and stop here. The organization qual 10% -facts-and-circumstances test | | | | | and line 14 is 10% (| |
| 11 d | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | = | • | viriow the organization | |
| h | 10% -facts-and-circumstances test | · · | • | | | 17a and line 15 is 1 | |
| b | more, and if the organization meets the | - | | | | | 1070 OI |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | | | | • | | |
| | | sia not oncon a i | 25.001110 10, 100 | <u>., , . , . , . , . , . , . , . </u> | , 51100K 1110 00K 11 | | (Form 990) 2022 |

Schedule A (Form 990) 2022

IBC YOUTH BOWLING, INC.

47-1705987 Page 3

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.)

| qualify under the tests listed be Section A. Public Support | elow, please comp | lete Part II.) | | | | |
|--|----------------------|---------------------|---------------------|--------------------|-----------|--------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | 668,717. | 1086081. | 127,900. | 122,750. | 516. | 2005964. |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2695050. | 2694658. | 772,655. | 2231592. | 2299836. | 10693791. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 3363767. | 3780739. | 900,555. | 2354342. | 2300352. | 12699755. |
| 7a Amounts included on lines 1, 2, and | | | _, _, | | | |
| 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | 669,361. | 1086081. | 54,500. | | | 1809942. |
| amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | 669,361. | 1086081. | 54,500. | | | 1809942. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 10889813. |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 Amounts from line 6 | 3363767. | 3780739. | 900,555. | 2354342. | 2300352. | 12699755. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 215,616. | 239,897. | 94,819. | 239,922. | 250,691. | 1040945. |
| b Unrelated business taxable income (less section 511 taxes) from businesses | , | , | · | · | , | |
| c Add lines 10a and 10b | 215,616. | 239,897. | 94.819. | 239,922. | 250.691. | 1040945. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is | | | J 2 7 0 2 0 0 | | | |
| regularly carried on 12 Other income. Do not include gain | | | | | 29,059. | 29,059. |
| or loss from the sale of capital | 18,285. | 14,142. | 5,686. | 19,163. | 8,419. | 65,695. |
| assets (Explain in Part VI.) | 3597668. | 4034778. | | 2613427. | | 13835454. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | 1001060. | | | |
| 14 First 5 years. If the Form 990 is for the check this box and stop here Section C. Computation of Publi | | | • | ear as a section 5 | . , . , . | |
| | | | . (0) | | 4= | 70 71 |
| 15 Public support percentage for 2022 (li | | | | | 15 | 78.71 % 73.36 % |
| 16 Public support percentage from 2021 Section D. Computation of Inves | | | | | 16 | 73.36 % |
| - | | | 10 1 (0) | | | 7 52 0 |
| 17 Investment income percentage for 20 | | | | | 17 | 7.52 % 6.41 % |
| 18 Investment income percentage from 2 | , | | | | 18 | |
| 19a 33 1/3% support tests - 2022. If the | | | | | | 77 |
| more than 33 1/3%, check this box ar | | | | | | |
| b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che | • | | | • | • | |
| | | | | | | |
| 20 Private foundation. If the organization | n did flot check a i | DOX OF HITE 14, 198 | a, or 190, check th | is nox and see ins | | |

IBC YOUTH BOWLING, INC.

Part IV Supporting Organizations

(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

- 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.)

| | Yes | No |
|-------------|--------|------|
| | | 110 |
| | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| За | | |
| | | |
| | | |
| 3b | | |
| 3c | | |
| 33 | | |
| 4a | | |
| | | |
| 4. | | |
| 4b | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | |
| - | | |
| 7 | | |
| 8 | | |
| | | |
| | | |
| 9a | | |
| 9b | | |
| 30 | | |
| 9с | | |
| | | |
| | | |
| 10a | | |
| 10b | | |
| ıle A (Forn | n 990) | 2022 |

Schedule A (Form 990) 2022

13500821 131839 A351522

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

| 3b | | | Schedule A (Form 990) 2022

| Sche | dule A (Form 990) 2022 IBC YOUTH BOWLING, INC | • | | 47-1705987 Page 6 |
|-----------|---|---------------|--------------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on N | lov. 20, 1970 (<i>explain</i> | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete S | 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): | | | |
| <u></u> а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | 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 | | |

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

Schedule A (Form 990) 2022

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

(provide details in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive

7

47-1705987 Page 7 IBC YOUTH BOWLING, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions.

| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
|------------|---|----------------------|-------------------------------|----|-------------------------------|
| 10 | Line 6 amount divided by line 9 amount | (i) | (ii) | IU | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2022 | ns | Distributable Amount for 2022 |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| _3 | Excess distributions carryover, if any, to 2022 | | | | |
| <u>a</u> | From 2017 | | | | |
| b | From 2018 | | | | |
| c | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| <u>i</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| a | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| c | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

7

8

9

| Schedule A | (Form 990) 2022 | IBC YO | UTH BOWLING | G, INC. | 47-1705987 | Page 8 |
|------------|--|--|--|---|--|--------|
| Part VI | Supplemental I Part IV, Section A, Ii line 1; Part IV, Secti | nformation. Prones 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; | vide the explanation 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir | s required by Part II, li c, 11a, 11b, and 11c; F nes 1c, 2a, 2b, 3a, and | ne 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section I 3b; Part V, line 1; Part V, Section B, line 1e; Par this part for any additional information. | C, |
| | (Occ manuchons.) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

32028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

IBC YOUTH BOWLING, INC.

Employer identification number 47-1705987

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar F | unds or Ac | counts. Complete if the |
|-----|--|---------------------------------------|-------------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | 6. | | · |
| | | (a) Donor advised funds | (1 | b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing | iting that the assets held in dono | r advised fund | s |
| | are the organization's property, subject to the organization's ex | clusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adv | risors in writing that grant funds o | can be used or | nly |
| | for charitable purposes and not for the benefit of the donor or o | lonor advisor, or for any other pu | rpose conferri | ng |
| | | | | |
| Par | t II Conservation Easements. Complete if the organ | nization answered "Yes" on Forn | n 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ` | | |
| | Preservation of land for public use (for example, recreation | on or education) Preserva | ation of a histo | rically important land area |
| | Protection of natural habitat | Preserva | ation of a certif | ied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the | e form of a cor | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| _ | | | | 2a |
| b | | | | 2b |
| С. | Number of conservation easements on a certified historic structure. | () | | 2c |
| d | Number of conservation easements included in (c) acquired after | · · · · · · · · · · · · · · · · · · · | | |
| _ | | | | 2d |
| 3 | Number of conservation easements modified, transferred, relea | sed, extinguished, or terminated | by the organiz | ation during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation easer | | | |
| 5 | Does the organization have a written policy regarding the period | | - | Yes No |
| 6 | violations, and enforcement of the conservation easements it he Staff and volunteer hours devoted to monitoring, inspecting, ha | | | |
| U | Stan and volunteer hours devoted to monitoring, inspecting, ha | inding of violations, and emorein | ig conservation | reasements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ng of violations, and enforcing co | nservation eas | ements during the year |
| • | 7 thount of expenses meaned in monitoring, inspecting, harding | ig or violations, and emoreing oc | nocivation cas | ornerite during the year |
| 8 | Does each conservation easement reported on line 2(d) above s | satisfy the requirements of section | n 170(h)(4)(B)(| i) |
| _ | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footnot | | • | |
| | organization's accounting for conservation easements. | 3 | | |
| Par | | Art, Historical Treasures, | or Other Si | milar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, | not to report in its revenue state | ment and bala | nce sheet works |
| | of art, historical treasures, or other similar assets held for public | exhibition, education, or research | ch in furtheran | ce of public |
| | service, provide in Part XIII the text of the footnote to its financi | al statements that describes the | se items. | |
| b | If the organization elected, as permitted under FASB ASC 958, | to report in its revenue statemer | t and balance | sheet works of |
| | art, historical treasures, or other similar assets held for public ea | xhibition, education, or research | in furtherance | of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treasures | | | |
| | the following amounts required to be reported under FASB ASC | C 958 relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for | or Form 990. | | Schedule D (Form 990) 2022 |

| | | TH BOWLING | | | | | | 17-17 | | |
|------|---|--|---------------------------------------|---------------|------------------|---------------|--------------------|------------------|-------------------|------------|
| Pai | t III Organizations Maintaining C | | | | | | | | (continu | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check a | any of the f | ollowing that | make sign | nificant u | se of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | C | | | hange progra | | | | | |
| b | Scholarly research | • | e C | 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 | | - | | | | | | 7 | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No |
| Pai | t IV Escrow and Custodial Arran | | lete if the | organizatio | n answered " | Yes" on Fo | orm 990 | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | | | | 7 | |
| | on Form 990, Part X? | | | | | | | L | 」Yes | L No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing ta | ble: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | 7., | |
| | Did the organization include an amount on F | | - | | | • | ? | | Yes | ∐ No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| ı aı | t V Endowment Funds. Complete | (a) Current year | | ior year | (c) Two year | | | ears back | (a) Four | years back |
| 4. | Danissis a of year balance | (a) Current year | (0) [1 | ioi yeai | (C) TWO year | S Dack (C | i) Tillee y | Gais Dack | (e) i oui | years back |
| | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| T | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | l (-) | \ | | | | | |
| 2 | Provide the estimated percentage of the current | • | | column (a) |) rieid as. | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | |
| D | Permanent endowment | % % | | | | | | | | |
| C | Term endowment The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | |
| 22 | Are there endowment funds not in the posse | • | ation that | are held an | d administor | od for tho | | | | |
| Ja | organization by: | ssion of the organiza | ation that | are rielu ari | iu auriii iister | ed for the | | | [· | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | 100 110 |
| | (ii) Related organizations | | | | | | | | 3a(ii) | |
| h | If "Yes" on line 3a(ii), are the related organiza | itions listed as requi | red on Scl | hedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | _ OD _ | <u> </u> |
| | t VI Land, Buildings, and Equipm | | , , , , , , , , , , , , , , , , , , , | 1140. | | | | | | |
| | Complete if the organization answere | | 0, Part IV, | line 11a. S | ee Form 990. | , Part X, lin | ne 10. | | | |
| | Description of property | (a) Cost or o | | (b) Cost | T | | umulate | d T | (d) Book | value |
| | 2 cccp.i.c or proporty | basis (investi | | basis (| | . , | eciation | _ | ,=, === | |
| | Land | - | - + | | · | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | 8,641. | | 8,64 | 11. | | 0. |
| | Other | I | | | 0,383. | 21 | 19,95 | | 420 | ,428. |
| | . Add lines 1a through 1e. (Column (d) must e | | X. columi | | | | | | | ,428. |

Schedule D (Form 990) 2022

| Schedule D | (Form 990) 2022 IBC YOUTH E | BOWLING, INC. | 4 | 47-1705987 Page 3 |
|-----------------|--|-------------------------------|--|--------------------------|
| 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) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | h) must equal Form 000. Port V. col. (P) line 19.) | | | |
| Part VIII | b) must equal Form 990, Part X, col. (B) line 12.) 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-vear market value |
| (1) | (a) z ccomparen en ma comment | (b) Dook raids | (c) meaned or random cost or | ona or your market raide |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (I | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| 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) | | | | |
| Part X | ımn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. | <u>e 15.)</u> | | . |
| raitA | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11e or 11f See Form 990 Part Y line | 25 |
| • | (a) Description of liability | OITT OITT 990, T AITTV, IIITE | The of Thi. Geen offin 990, Fart X, line | (b) Book value |
| 1. | leral income taxes | | | (b) Book value |
| (1) Fed (2) | lerai ilicome taxes | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) lin | ne 25) | | |
| | for uncertain tax positions. In Part XIII, provide | | | ts that reports the |
| | ation's liability for uncertain tay positions unde | | | |

232053 09-01-22

Schedule D (Form 990) 2022

| | dule D (Form 990) 2022 IBC YOUTH BOWLING, INC. | | | | 1705987 | Page 4 |
|--------|---|-----------------|------------------------|----------|-------------------|--------|
| Pai | t XI Reconciliation of Revenue per Audited Financial Statem | | Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | Ι. Ι | 2,253 | 150 |
| 1 2 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 1 | 4,433 | ,154. |
| ے a | Net unrealized gains (losses) on investments | 2a | -351,645. | | | |
| b | Donated services and use of facilities | | 16,276. | • | | |
| c | Recoveries of prior year grants | | 20/2/01 | | | |
| d | Other (Describe in Part XIII.) | | 29,122. | | | |
| e | Add lines 2a through 2d | | - | 2e | -306 | 247. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,559 | |
| 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.) | | | | | |
| | 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 | 2,559 | ,399. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stater | nents With | Expenses per F | Returr | າ. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,062 | ,058. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | 16,276. | | | |
| b | Prior year adjustments | 1 1 | - | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | 29,122. | | | |
| е | Add lines 2a through 2d | | - | 2e | 45 | 398. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,016 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | - | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | | | | | |
| С | Add lines 4a and 4b | · | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 3,016 | 660. |
| Pa | t XIII Supplemental Information. | | | | | • |
| Prov | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV, lines 1b | and 2b; Part V, line 4 | ; Part > | (, line 2; Part X | I, |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac | | | • | , | , |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| | | | | | | |
| COS | ST OF GOODS SOLD | | | | 29,1 | .22. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| | | | | | | |
| COS | ST OF GOODS SOLD | | | | 29,1 | .22. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule D (Form 990) 2022

232054 09-01-22

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|---|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|
| IBC YOUTH | BOWLING, | INC. | | | | | 47-1705987 |
| Part I General Information on Grants an | nd Assistance | | | | | | |
| 1 Does the organization maintain records to | substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | tance, and the selecti | |
| criteria used to award the grants or assist | tance? | | | | | | No |
| 2 Describe in Part IV the organization's pro- | cedures for monito | oring the use of grant t | funds in the United | l States. | | | |
| Part II Grants and Other Assistance to D | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than \$ | 5,000. Part II can | be duplicated if addition | onal space is need | ed. | (0.14.1) | , | 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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) an Enter total number of other organizations | - | | | | | | |

IBC YOUTH BOWLING, INC. 47-1705987 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 0 SCHOLARSHIPS 10 10,000 JUNIOR GOLD SCHOLARSHIPS 1397 422,380 0 SURVIVOR SCHOLARSHIPS 149 65,275, 0 YOUTH OPEN SCHOLARSHIPS 500 63,435. 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.

232102 10-31-22 Schedule I (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047 **2022**

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

IBC YOUTH BOWLING, INC.

Employer identification number 47-1705987

| Pa | rt I Questions Regarding Compensation | | _ | |
|------------|--|----|-----|----|
| | | | Yes | No |
| 1 a | 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 | | | |
| | 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 | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | 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 Approval by the board or compensation committee | | | |
| | | | | |
| 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | 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: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | 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: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | Х |
| | 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 | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| | | | | _ |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |

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

Schedule J (Form 990) 2022

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-MIS0 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) | 353,297. | 51,470. | 1,848. | 14,857. | 23,338. | 444,810. | 0. | |
| (2) FRANK DESOCIO | (i) | 0. | 0. | 0. | 0. | 0. | | 0. | |
| VICE PRESIDENT | (ii) | 292,692. | 0. | 1,188. | 11,200. | 4,514. | 309,594. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

| Schedule J (Form 990) 2022 IBC YOUTH BOWLING, INC. | 47-1705987 | Page 3 |
|--|---|--------|
| Part III Supplemental Information | | |
| Provide the information, explanation, 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 comp | plete this part for any additional information. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

| IBC YOUTH BOWLING, INC. | 47-1705987 |
|--|----------------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | SION: |
| 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 MI | EMBERS MUST SIGN |
| OUR POLICY FORM AND ALL CONFLICTS ARE BROUGHT TO ADMINISTR | RATION 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 | E UPON REQUEST. |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| SPEAKER FEES: | |
| PROGRAM SERVICE EXPENSES | 4,700. |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2022 |

232211 10-28-22

| Schedule O (Form 990) 2022 Name of the organization IBC YOUTH BOWLING, INC. | Employer identification number $47-1705987$ |
|---|---|
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,700. |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 123,321. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 123,321. |
| CONSULTING: | |
| PROGRAM SERVICE EXPENSES | 248,963. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 248,963. |
| PHOTOGRAPHY & A/V PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 119,337. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 119,337. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 496,321. |
| | |
| | |
| | |
| | |

Schedule O (Form 990) 2022

IBC YOUTH BOWLING, INC.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-1705987

| (a) | (b) | (c) | (d) | (e) |) | (f) | | |
|--|---|---|-------------------------------|---------------------------------------|-------------------------------|---------------------------|---|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity Legal domicile (state or foreign country) | | or Total inco | eme End-of-yea | | Direct controlling entity | | |
| | | | | | | | | |
| | _ _ | | | | | | | |
| | | | | | | | | |
| | _ | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization a | answered "Yes" on Form 990 |), Part IV, line 34, I | Decause it had one | e or more related tax-ex | empt | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | g) 512(b)(13) trolled tity? | |
| | | | | 501(c)(3)) | | Yes | No | |
| UNITED STATES BOWLING CONGRESS - 20-1224922 621 SIX FLAGS DR ARLINGTON, TX 76011 | TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING | TEXAS | 501(C)(3) | LINE 11 | N/A | | х | |
| BOWLING PROPRIETORS ASSOCIATION OF AMERICA - | DI BONDING | ILIMIO | 501(0)(3) | DINE II | 147.11 | | - 25 | |
| 36-2143480, 621 SIX FLAGS DR, ARLINGTON, TX | TO PROMOTE THE SPORT OF | | | | | | | |
| 76011 | BOWLING | TEXAS | 501(C)(6) | LINE 11 | N/A | | Х | |
| | _ | | | | | | | |
| | - | | | | | | | |

Page 2

Schedule R (Form 990) 2022 IBC YOUTH BOWLING, INC.

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 partitional pouring tree tax year. | | | | | | | | | | | |
|---|------------------|---|---|-------------------|---|------------------------------|-------------------------|----|-----------------|--------|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity Direct controlling entity entity Direct controlling entity entity Disproportionate income (related, unrelated, excluded from tax under sections 512-514) Disproportionate income end-of-year assets Yes No K-1 | | Code V-UBI amount in box 20 of Schedule | General of managing partner? | Percentage ownership | | | | |
| | | country) | | sections 512-514) | | 4,000,00 | Yes | No | K-1 (Form 1065) | Yes No | <u> </u> |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Page 3

IBC YOUTH BOWLING, INC. Schedule R (Form 990) 2022

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

| Not | e: 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 | s with one or more re | elated organizations listed i | n Parts II-IV? | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <i>/</i> | | | . 1a | | X | | | |
| | | | | | | | Х | | | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | . 1c | | Х | | | |
| | Loans or loan guarantees to or for related organization(s) | | | | | | Х | | | |
| | Loans or loan guarantees by related organization(s) | | | | | | X | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | | | |
| | Sale of assets to related organization(s) | | | | | | Х | | | |
| | Purchase of assets from related organization(s) | | | | | | Х | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х | | | |
| i | 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 | | Х | | | |
| | Performance of services or membership or fundraising solicitations for related organ | | | | | | Х | | | |
| | Performance of services or membership or fundraising solicitations by related organ | | | | | Х | | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | | Х | | | | |
| | | | | | | Х | | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | х | | | | |
| | Reimbursement paid by related organization(s) for expenses | | | | | | Х | | | |
| - | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х | | | |
| | Other transfer of cash or property from related organization(s) | | | | | | Х | | | |
| | If the answer to any of the above is "Yes," see the instructions for information on w | | | | . , | | | | | |
| | | | | (4) | | | | | | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | Method of determining amount | involved | | | | | |
| | • | type (a-s) | | Ü | | | | | | |
| | | | | | | | | | | |
| (1) | | | | | | | | | | |
| , | | | | | | | | | | |
| (2) | | | | | | | | | | |
| . , _ | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (-/ | | | | | | | | | | |
| (4) | | | | | | | | | | |
| , | | | | | | | | | | |
| (5) | | | | | | | | | | |
| , | | | | | | | | | | |
| (6) | | | | | | | | | | |

Schedule R (Form 990) 2022 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) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |

| Schedule F | R (Form 990) 2022 | IBC YOUTH | BOWLING, | INC. | 47-1705987 | Page 5 |
|------------|---------------------------------------|---------------------|--------------------|------------------------------|------------|--------|
| Part VII | R (Form 990) 2022 Supplemental Infor | mation | | | | |
| | | | | de edulo D. Occidenta estima | | |
| | Provide additional inform | ation for responses | to questions on Sc | chedule R. See instructions. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

32165 09-14-22 Schedule R (Form 990) 2022

| Form 990-T | E | า | OMB No. 1545-0047 | |
|--|-----------|--|-------------------|--|
| | For ca | lendar year 2022 or other tax year beginning, and ending | | 2022 |
| Department of the Treasury Internal 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.) | DEmp | loyer identification number |
| B Exempt under section | Print | IBC YOUTH BOWLING, INC. | 4 | 7-1705987 |
| X 501(c)(3) | or | Number, street, and room or suite no. If a P.O. box, see instructions. | F Gro∪ | ip exemption number instructions) |
| 408(e) 220(e) | Туре | 621 SIX FLAGS DRIVE | (See | iristi uctions) |
| 408A 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | | |
| 529(a) 529A | | ARLINGTON, TX 76011 | F | Check box if |
| | С Во | ok value of all assets at end of year | | an amended return. |
| G Check organization | | X 501(c) corporation 501(c) trust 401(a) trust Other trust | State | college/university |
| H Check if filing only | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | |
| | | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | |
| | | ed Schedules A (Form 990-T) | | 1 |
| K During the tax year | , was the | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No |
| | | d identifying number of the parent corporation. | | |
| L The books are in ca | are of | ERIC KAMMLAH Telephone number | (817 | 7)385-8296 |
| Part I Total Un | relate | d Business Taxable Income | | |
| 1 Total of unrelated | d busine | ss taxable income computed from all unrelated trades or businesses (see | | |
| instructions) | | | 1 | 12,402. |
| | | | 2 | |
| 3 Add lines 1 and 2 | | | 3 | 12,402. |
| 4 Charitable contril | outions (| (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 | 12,402. |
| 6 Deduction for ne | t operati | ng loss. See instructions | 6 | |
| 7 Total of unrelated | d busine | ss taxable income before specific deduction and section 199A deduction. | | |
| Subtract line 6 fr | om line 5 | 5 | 7 | 12,402. |
| 8 Specific deduction | n (gene | rally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section | 199A de | duction. See instructions | 9 | |
| 10 Total deductions | s. Add li | nes 8 and 9 | 10 | 1,000. |
| 11 Unrelated busin | ess taxa | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | |
| enter zero | | | 11 | 11,402. |
| Part II Tax Con | nputat | ion | | |
| 1 Organizations ta | axable a | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 2,394. |
| 2 Trusts taxable a | t trust r | ates. See instructions for tax computation. Income tax on the amount on | | |
| Part I, line 11 from | m: | Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See in | structio | ns | 3 | |
| 4 Other tax amoun | ts. See i | nstructions | 4 | |
| 5 Alternative minim | ium tax (| (trusts only) | 5 | |
| 6 Tax on noncomp | oliant fa | cility income. See instructions | 6 | |
| 7 Total Add lines | 3 throug | h 6 to line 1 or 2, whichever applies | 7 | 2.394. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Form 990-T (2022) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 2,394. 2 Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 3 Other (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 600. Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 6b 3,000 Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 3,600. 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 .206 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2023 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover 541800 736. \$ \$ Х Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," <u>explain</u> in Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IBS discuss this return with Here PRESIDENT the preparer shown below (see instructions)? X Yes Signature of officer Date Date Print/Type preparer's name PTIN Preparer's signature Check LACEY SILBERNAGEL, LACEY SILBERNAGEL, self- employed **Paid** CPACPA 08/21/23 P01245590 **Preparer** CLIFTONLARSONALLEN LLP 41-0746749 Firm's name Firm's EIN Use Only 100 MARITIME DRIVE, SUITE 2B MANITOWOC, WI 54220 920-684-5500 Firm's address Form 990-T (2022) 223711 01-16-23

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2022

2022

| Depart | Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury | | | | | | | Open to Public Inspection for | | |
|------------|---|-----------|------------|---------|----------|---------------------|------------------------------|-------------------------------|-------------|--|
| | Revenue Service Do not enter SSN numbers on this form as it is | may be ma | ade public | if your | organiza | tion is a 501(c)(3) | 501(c)(3) Organizations Only | | | |
| A N | lame of the organization | | | | | B Employer | identifi | cation numbe | er | |
| | IBC YOUTH BOWLING, INC. | | | | | 47-17 | 059 | 87 | | |
| | | _ | | | | | | _ | | |
| <u>C</u> (| Unrelated business activity code (see instructions) 54180 | 10 | | | | D Sequence | e: | 1 of | | |
| | ON THE ADVED | тат | NTC! | | | | | | | |
| <u>E [</u> | Describe the unrelated trade or business ONLINE ADVER | TIST | NG | | - 1 | | | 1 | | |
| Pai | Unrelated Trade or Business Income | | (A) In | come | . | (B) Expense | s | (C) | Net | |
| 12 | Gross receipts or sales | Т | | | | | | | | |
| | Less returns and allowances c Balance | 1c | | | | | | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | | | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | | | | | |
| 4 a | 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 | | | | | | | | |
| С | Capital loss deduction for trusts | 4c | | | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | | | | |
| | statement) | 5 | | | | | | | | |
| 6 | Rent income (Part IV) | 6 | | | | | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | | | | |
| | organization (Part VI) | 8 | | | | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | | | | | |
| 40 | organizations (Part VII) | 9 | 2 | 0 0 | 50 | 13,9 | 12 | 1 | 5,116. | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | 9,0 | 59. | 13,9 | 43. | | 5,110. | |
| 11 | Advertising income (Part IX) Other income (see instructions; attach statement) | 11 12 | | | | | | | | |
| 12 13 | Total. Combine lines 3 through 12 | 13 | 2 | 9 0 | 59. | 13,9 | 43 | 1 | 5,116. | |
| | | | | | - | | | • | | |
| Pai | Tell Deductions Not Taken Elsewhere See instruction | | limitatio | ons o | n dedu | ctions. Dedu | iction | is must be | 9 | |
| | directly connected with the unrelated business in | icome | | | | | | | | |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | | | 1 | | | |
| 2 | Salaries and wages | | | | | | 2 | | | |
| 3 | Repairs and maintenance | | | | | | 3 | | | |
| 4 | Bad debts | | | | | | 4 | | | |
| 5 | Interest (attach statement). See instructions | | | | | | 5 | | | |
| 6 | Taxes and licenses | | | ······ | γ····· | | 6 | | <u>978.</u> | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | | | _ | | | |
| 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 14 | Excess readership costs (Part IX) Other deductions (attach statement) | | Çī | | ∶ጥ∆ጥፑ | MENT 1 | 13 14 | | 1,000. | |
| 15 | Total deductions. Add lines 1 through 14 | | | | | | 15 | | 1,978. | |
| 16 | Unrelated business income before net operating loss deduction. S | | | | | | .5 | | _,,,,,, | |
| | column (C) | | | | • | • | 16 | 1 | 3,138. | |
| 17 | Deduction for net operating loss. See instructions | | | STI | мт 2 | STMT 4 | 17 | | 736. | |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

1

| | ule A (Form 990-T) 2022 | | | | Page 2 |
|------|--|----------------------------|---------------------------|--------------|----------|
| Part | Entermet | hod of inventory valuat | ion | <u> </u> | |
| 1 | | | | | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | 3 | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | 5 | |
| 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 | oroduced or acquired f | | | Yes No |
| Part | | | | | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Check | if a dual-use. See instru | ctions. | |
| | A \square | , | | | |
| | В | | | | |
| | c \square | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | ь — | - | <u> </u> |
| | | | | | |
| а | From personal property (if the percentage of | | | | |
| | 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 | | | | |
| | | | | | _ |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter here | and on Part I, line 6, co | umn (A) | 0. |
| | Deductions directly connected with the income | | | | |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| | | | | | |
| 5 | Total deductions. Add line 4 columns A through D. Er | | line 6, column (B) | | 0. |
| Part | V Unrelated Debt-Financed Income (s | ee instructions) | | | |
| 1 | Description of debt-financed property (street address, | city, state, ZIP code). C | heck if a dual-use. See i | nstructions. | |
| | A | | | | |
| | В 🔲 | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| _ | to debt-financed property | | | | |
| а | | | | | |
| b | Other deductions (attach statement) 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- | | | | |
| | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Pa | rt I, line 7, column (A) | <u> </u> | 0. |
| | | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | | | | |
| 11 | Total dividends-received deductions included in line | 10 | | | 0. |
| | | | | | |

Schedule A (Form 990-T) 2022 Page 3

| Part | VI Interest, Annu | iities, R | oyalties, and Re | ents fron | n Control | led Or | ganizations | see instruct | ions) | 9 |
|-----------------------|--|----------------|--------------------|------------|-----------------------------|--|---|-------------------|------------------------|---|
| | | | | | | E | xempt Contro | lled Organization | s | |
| 1. Name of controlled | | 2. Employer | 3. Net unrelated 4 | | 4. Tota | 4. Total of specified 5. Part of colu | | | 6. Deductions directly | |
| organization | | identification | income (loss) | | payments made | | that is included in the controlling organiza- | | | |
| | | number | (see instructions) | | | | tion's gross inc | | income in column 5 | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | No | nexempt C | Controlled Or | ganizati | ons | | | |
| 7 | . Taxable Income | | | | 9. Total of specified | | 10. Part of column 9 that is included in the controlling organization's gross income | | 11. | Deductions directly |
| | | | , , | | payments made | | | | | connected with |
| | | (see | e instructions) | | | | | | income in column 10 | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | | ns 5 and 10. | Add columns 6 and 11. | |
| | Enter here and on Part I, line 8, column (A) | | | | | | Enter here and on Part I, line 8, column (B) | | | |
| | | | | | | | | . , | | |
| Totals | V/II | <u></u> | | 4 | O) (4=) | | <u> </u> | 0. | | 0. |
| Part | | | of a Section 50 | 1(C)(/), (| 1 | | 1 | ee instructions) | | E Tabal de deservacione |
| | 1. Description of income 2. Amount of income directly connected (attach si | | | | | -asides 5. Total deductions tatement) and set-asides | | | | |
| | | | | | 1110011 | 10 | (attach state | , | atemen | (add cols 3 and 4) |
| (4) | | | | | | | 1 | | | |
| (1) | | | | | | | | | | |
| (2) (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (+) | | | | | Add amou | unts in | | | | Add amounts in |
| | | | | | column 2. | Enter | | | | column 5. Enter |
| | | | | | here and or line 9, colu | | | | | here and on Part I, line 9, column (B) |
| Totals | | | | | 11110 3, 0010 | 0. | | | | 0. |
| Part | VIII Exploited E | xempt A | Activity Income, | Other T | han Adve | | Income | see instructions) | | |
| 1 | Description of exploite | | | | | | | | | |
| 2 | | | | | r here and o | n Part I. | line 10, colum | n (A) | 2 | 29,059. |
| 3 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) Expenses directly connected with production of unrelated business income. Enter here and on Part I, | | | | | | | • | | |
| | | | • | | | | | , | 3 | 13,943. |
| 4 | | | | | | | | • | | |
| | lines 5 through 7 | | | | | | 4 | 15,116. | | |
| 5 | Gross income from activity that is not unrelated business income | | | | | | 5 | 0. | | |
| 6 | Expenses attributable to income entered on line 5 | | | | | | 6 | 0. | | |
| 7 | Excess exempt expen | | | | | | | | | |
| | 4. Enter here and on P | | | | | | | | 7 | 0. |
| | <u> </u> | | | | | | | | ah adı ıla | A (Form 000 T) 2022 |

Schedule A (Form 990-T) 2022

1

| | ule A (Form 990-T) 2022 | | | | Page 4 |
|-------|--|--------------------------|----------------------|---------------|--------------------|
| Part | • | | | | |
| 1 | Name(s) of periodical(s). Check box if reporting two | or more periodicals on a | consolidated basis | 3. | |
| | A <u> </u> | | | | |
| | В 🔛 | | | | |
| | c 🗆 | | | | |
| | D | | | | |
| Enter | amounts for each periodical listed above in the corres | sponding column. | | | |
| | | Α | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and on Part | , line 11, column (A) | | | 0. |
| а | | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on Part | | | | 0. |
| | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line | | | | |
| | 2. For any column in line 4 showing a gain, | | | | |
| | complete lines 5 through 8. For any column in | | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter zero 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 less | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain on | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the greater | | otal or zero here an | d on | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Directo | ors, and Trustees | see instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | 2. Title | | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| (3) | | | | % | |
| (4) | | | | % | |
| | | | | | |
| Total | . Enter here and on Part II, line 1 | | | | 0. |
| Part | XI Supplemental Information (see inst | ructions) | | | |
| | | · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| IBC YOUTH BOWLING, I | NC. | | | 47- | -1705987 | |
|--|-----------|--|--------------------------------|----------------------------------|--------------------|--|
| FORM 990-T (A) | | OTHER DEDUCTION | ONS | STATE | MENT 1 | |
| DESCRIPTION | | | | AMO | DUNT | |
| TAX PREP FEES | | | | | 1,000. | |
| TOTAL TO SCHEDULE A, | PART II, | LINE 14 | | | 1,000. | |
| FORM 990-T (A) | P | OST 2017 NOL SCH | EDULE | STATE | MENT 2 | |
| PRIOR YEAR POST 2017 NOL | | NOL DEDUCTION | | CARRYFORWARD OF POST 2017 NOL | | |
| 736. | | 736. | | 0. | | |
| 990-T SCH A TAX YEAR LOSS SUS | | 7 NET OPERATING I LOSS PREVIOUSLY APPLIED | LOSS DEDUCTION LOSS REMAINING | N STATEI AVAILA THIS N | | |
| 12/31/20 | 5,254. | 14,518. | 73 | <u> </u> | 736. | |
| NOL CARRYOVER AVAILA | BLE THIS | YEAR | 73 | 6. | 736. | |
| SCH A (990-T) | SCHED | ULE A NOL DETAIL | | STATE | MENT 4 | |
| TAXABLE INCOME FROM ALL ENTITIES THIS ENTITIES PORTION OF TAXABLE INCOME | | | | | 13,138. 13,138. | |
| THIS ENTITIES PERCE | | 100.00% | | | | |
| | ED PRE-20 | | LOSS | | | |
| TAXABLE INCOME AFTE 80% INCOME LIMITATI | R PRE-201 | 18 NET OPERATING | | | 13,138, 10,510. | |

47-1705987

IBC YOUTH BOWLING, INC.

| FORM 990-T (A) PART VIII - EXPENSES DI PRODUCTION OF UNRELAT | STATEMENT 5 | | |
|--|--------------------|---------|---------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| ADVERTISING SERVICES EXPENSE - SUBTOTAL | - 1 | 13,943. | 13,943. |
| TOTAL OF FORM 990-T, SCHEDULE A, PART V | 'III, COLUMN | 3 | 13,943. |