# Form **990-EZ**

Department of the Treasury Internal Revenue Service

### **Short Form** Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZfor instructions and the latest information

, 2018, and ending 10/31

OMB No. 1545-1150

2018

Open to Public Inspection

, 2019

A	For the	e 2018 ca	alendar year, or tax year beginning	11/01	2018, and ending			019
		applicable:				D	Employer iden	tification number
	Address	THE PROCESS OF THE PARTY OF THE			a Di	*	20-1954	953
	Name ch	nange	USA BOCCIA INC. 1398 PENATAQUIT AVENUE	6	7(())	E	Telephone num	
	Initial ref	turn	BAY SHORE, NY 11706		D		631-479	-3259
	Final return	n/terminated	BAI BHOKE, NI 11/00			-		
	Amende					F	Group Exer Number	iption •
L		ion pending		enecify) >		H Check ►		ganization is not
G	Accou	inting Me	21 21 21 22	specify) -		required	to attach So	hedule B
E.	Websi	ite: M	WW. USABOCCIA. ORG s (check only one) — X 501(c)(3) 501(c)	( ) ∢(insert no.)	4947(a)(1) or 527	(Form 99	90, 990-EZ,	or 990-PF).
7			zation: X Corporation Trust		Other			
				receipts. If gross receip	ots are \$200,000 or r	nore, or if to	otal	
	accete.	- (Dort II	column (B)) are thull like of those, in	E I UIIII 330 III3tedd o'i i	01111 220	Service and the service and th		172,753.
P	art I	Davien	us Expanses and Changes in	Net Assets or Fun	d Balances (see	e the instr	uctions to	r Part I)
32		Check if	the organization used Schedule O to	espond to any question	in this Part. L			
	1	Contribut	tions, gifts, grants, and similar amount	s received			199	105,202.
	2	Program	service revenue including government	fees and contracts			2	
	2	Memhers	ship dues and assessments				3	
	4	Investme	ent income				4	1,879.
	5 a	Gross an	nount from sale of assets other than in	ventory	a			
	b	Less: co	st or other basis and sales expenses.		5 b			
	c	Gain or (lo	ss) from sale of assets other than inventory (Sub	tract line 5b from line 5a)			5 c	
	6	Gaming	and fundraising events:		V 31		7.50	
e	a	Gross in	come from gaming (attach Schedule G	if greater than \$15,000	)6a	AVAILABLE OF		
Ĭ	b	Gross in	come from fundraising events (not incl	uding \$	of contribu	tions		
Revenue		from fun	draising events reported on line 1) (at gross income and contributions exceed	tach Schedule G if the sats \$15,000)	бы	63,76		
	С	Less: dir	rect expenses from gaming and fundra	ising events	6c	18,97	8.	
	7.000	6b and s	me or (loss) from gaming and fundrais subtract line 6c)				6 d	44,789.
	7 a	Gross sa	ales of inventory, less returns and allow	vances	7a		1000	
	b	Less: co	est of goods sold		7 b			
	c	Gross pr	rofit or (loss) from sales of inventory (	Subtract line 7b from lin	e 7a)	ILE O	7 c	1 005
	8	()ther re	venue (nescrine in Schedule O.)				8	1,905.
	9	Total re	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8 ,			. 9	153,775.
	10	Cronte	and cimilar amounts haid (list in Sched	ule O)				
	11	Benefits	s paid to or for members				12	2,200.
	12	Salaries	s, other compensation, and employee b	enefits				7,021.
50	13	Professi	ional fees and other payments to indep	endent contractors			14	7,021.
Sue	14	Occupa	ncy, rent, utilities, and maintenance				15	3,534.
Expenses	15	Printing	publications, postage, and shipping xpenses (describe in Schedule O)		SEE SCHED	ULE O	16	127,799.
ш	16	Other e	xpenses (describe in Schedule O)					140,554.
	17	Total ex	cpenses. Add lines 10 through 16	7 from line (1)				13,221.
	18	Excess	or (deficit) for the year (Subtract line	/ from line 9)			NAME AND ADDRESS OF THE PARTY O	10,221.
Mat Accate	19	figure re	ets or fund balances at beginning of ye eported on prior year's return)	A PARKET PROPERTY OF STREET				52,949.
+	20	Other c	hanges in net assets or fund balances	(explain in Schedule O	)		20	66,170.
	21	Net ass	sets or fund balances at end of year. C	ombine lines 18 through	1 20,		> 21	Form <b>990-EZ</b> (2018)
B	AA Fo	r Paperw	vork Reduction Act Notice, see the se	parate instructions.				1 OIIII 330-LE (2016)

Part	Balance Sheets (see the instru Check if the organization used Sched	ule O to respond to any que	stion in this Part II			
-	Check if the organization used Sched		(A	) Degitting of your		(B) End of year
22	Cash, savings, and investments			66,106.		70,031.
23	Land and buildings	CER COURDINE			23	
24	Other assets (describe in Schedule O)	SEE SCHEDOLL		1. 66,107.	25	70,031.
25	Total assets.	SEE SCHEDIILE		13,158.	26	3,861.
26	Total liabilities (describe in Schedule O)	Did Doildhold	21)	52,949.	27	66,170.
27	Net assets or fund balances(line 27 of co	numn (B) must agree with int	os for Part III)	32,343.	1	Expenses
	Statement of Program Service Accommode Check if the organization used Sch	edule O to respond to any qu	destion in this rait in	1 (	c)(3)	red for section 501 and 501(c)(4)
/hat i	s the organization's primary exempt purpose? SEE	complishments for each of it	s three largest program	m services, as	organia or oth	zations; optional
neas neas	s the organization's primary exempt purpose? SEE ribe the organization's program service actured by expenses. In a clear and concise fited, and other relevant information for each	manner, describe the servic ach program title.	es provided, the numb	er of persons	01 0111	ers.)
28	PROMOTE THE WELFARE OF PHY ORGANIZING AND PROMOTING A	ATHLETIC ACTIVITIE	S TO BE PLAYED	<u> </u>		
22	(Grants \$ ) If this	s amount includes foreign gr	ants, check here		28 a	88,093.
29						
		s amount includes foreign gr	ants check here	F	29 a	
	(Grants \$ ) If thi	s amount includes foreign gr	arro, cricon fiore			7,11
30						
	(Grants \$) If thi	s amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch	edule 0)				
31	(Crante & ) If thi	s amount includes foreign gr	ants, check here		31 a	00.000
32		es 28a through 31a)			32	88,093.
Pa	+ IV List of Officers Directors, Tr	ustees, and Key Employ	yees (list each one ev	en if not compensated —	see the	instructions for Part IV)
	Check if the organization used Sci	nedule O to respond to any o	question in this Part I.V	(d) Uselth hanafite	***	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emplo benefit plans, and defi compensation	ovee	(e) Estimated amount of other compensation
	MES_THOMSONESIDENT	0	0		0.	0.
	TRICK PARKES			_		0
	EASURER	0	0		0.	0.
	ONA ALLEN				0	0.
	RECTOR	0	0	•	0.	0.
MA	RK FLORA-SWICK		0		0.	0.
	CE PRESIDENT	C	0		0.	
	CKY PRINCEECUTIVE DIR.	(	2,200		0.	0.
	M_DALTONCRETARY		0		0.	0.
_					-	
_						
				-		- 100 ×
1 - 3		E.				
						150.00

The instructions for Part V, Officer's the dright/zation costs devicingly reported to the IRS?  If Yes's, provide a detailed description of each activity in 5 previously reported to the IRS?  If Yes's, provide a detailed description of each activity in 5 previously reported to the IRS?  If Yes's, provide a detailed description of each activity in 5 previously reported to the IRS?  If Yes's, provide a detailed description of each activity in 5 previously reported to the IRS?  If Yes's, provide a detailed description of each activity in 5 previously reported to the IRS?  If Yes's in the State of the IRS?  If Yes's to line 35s, has the organization filed a Form 990-T for the year? If Yos', provide an explanation in Schedulc O, respectiving, and proxy tax requirements during the year? If Yes', complete Spradulc C, Part III and spray the year is the spray of the organization section 501 (c)(4), 501 (c)(5), 501 (c)(6), 501	orm	990-EZ (2018) USA BOCCIA INC.  Other Information (Note the Schedule A and personal benefit contract statement requirements inSEE SCHEDULE)  Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE)	JLE (	)	
33 Did the organization engage in any significant activity not previously reported to the IRS?  If Yes, provide a detailed decapitation of each activity in Schedule 0.  34 Were any significant charges made to the organization of governing documents if Yes, attach a continued to year and the provided of the provided		the instructions for Part V.) Check if the organization used Schedule C to respend to any questions			No
34 We any significant changes made to the organizing or governing decrements? If 16, attain a consistent cuty of its almost the organization are of provided in the programation area of provided in the organization of the organization area (provided in the organization area) (provided in the organization area (provided in the organization area) (provided in the organization maintain any donor adv	33	Did the organization engage in any significant activity not previously reported to the IRS?	-	105	
a change to the organization is ame. Otherwise, copilish the change in Shedule 0. Set instructions.  So Julf the organization is a comparable to binsines gross income of \$1 (0.00 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  So Julf we organization as section 50 (10(4), 501 (5(5), 50 (5(6)) organization subject to section 030(6) notes.  Was the organization a section 50 (10(4), 501 (5(5), 50 (5(6)) organization subject to section 030(6) notes.  The porting, and proxy tax requirements curring the year? If Yes, 10 (10(6) organization subject to section 030(6) notes.  The porting, and proxy tax requirements curring the year? If Yes, 10 (10(6) organization subject to section 030(6) notes.  The porting and proxy tax requirements curring the year? If Yes, 10 (10(6) organization subject to 10(6) organization subject to 10(6) organization subject to 10(6) organization subject to 10(6) organization subject to 10(6) organization organization organization during the year under:  a initiation fees and capital contributions included on line 9.  a Section 501(c)(5) organizations. Enter amount of tax imposed on the organization during the year under:  a initiation fees and capital contributions included on 10(6) organizations. Dict the organization during the year under:  a initiation fees and capital contributions included on 10(6) organizations. Dict the organization during the year under:  a initiation fees and capital organizations. Enter amount of tax imposed on the organization		If 'Yes,' provide a detailed description of each activity in Schedule 3.	20		
S5a Did the organization have unrelated business gross income of \$1,000 of mitter during up year interesting (such as those reported on lines 2, 5a, and 7a, among others)?  If Yes' to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule. O.  If Yes' to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule. O.  If Yes' to line 35a, has the organization filed a Form 990-EZ if Yes', complete Schedule or, setting the year? If Yes', complete Schedule or, setting the year of the year of the year or the year of year year of year of year year of year of year of year of year of year year year year year year year year		at a contract the change on Cohodula II Noe instructions	34	_	<u>X</u>
bit Yes' to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Scriedule. Use Was the organization of Sicil 50 (c)(5) (c)(6) or 50 (c)(6),	35 a	Did the expeniation have unrelated husiness gross income of \$1,000 or more during the year from business determines	35 a		X
was the organization a section 501 (c)(d), 301 (c)(d)		(such as those reported on lines 2, ba, and 7a, among others):	35 b		
reporting, and proxy tax requirements during the year? If "Yes," complete applicable parts of Schedule N 56 Did the organization undergoe a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 57 a Enter amount of political separendritures, direct or indirect, as described in the instructions.   57 a Enter amount of political separendritures, direct or indirect, as described in the instructions.   58 Did the organization file Form 1120-PDL for this year? 59 Did the organization file Form 1120-PDL for this year? 50 Did the organization file Form 1120-PDL for this year? 50 Did the organization file Form 1120-PDL for this year? 51 Did the organization file Form 1120-PDL for this year? 52 Section 50 (c)(3) organizations. Enter: 53 Section 50 (c)(7) organizations. Enter: 54 Initiation fees and capital contributions included on line 9 55 Section 50 (c)(3) organizations. Enter: 55 Section 50 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 56 Section 50 (c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction and under the year or did it in engage in an excess benefit transaction in a prior year that has not been benefit transaction during the year. or did it indeape in an excess benefit transaction in a prior year that has not been benefit transactions of the year. Organizations organization are provided by the organization organization and organization organization organization are sections 4912, 4955, and 4958. 58 Section 50 (c)(3), 50 (c)(4), 40 50 (c)(27) organizations. Enter amount of tax imposed on organization organization are sections 4912, 4955, and 4958. 59 Section 50 (c)(3), 50 (c)(4), 40 50 (c)(27) organizations for exceptions and filing requirements or file organization as party to a prohibited tax 50 Section 50 (c)(3), 50 (c)(4), 40 50 (c)(27) organizations. Enter amount of tax imposed on organization	р С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 c		X
disposition of net assets during the year? If Yes, complete applications in Instructions   37a   0.   37a   1   37a   0.   37a   1   37a   1   37a   0.   37b   X   37a   1   37a   37b   X   37a   37b   X		reporting, and proxy tax requirements during the year: If Tes, complete deflection or significant			
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.   37 b   X   Did the organization for form 1120-PDL for this year?   38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   38 a   X   Diff Yes, complete Schedule L, Part II and enter the total amount involved.   38 a   N/A   B Section 501(c)(7) organizations. Enter:   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts, included on line 9, for public use of club facilities   39 a   N/A   B Gross receipts of use of the programation of the post of use of use of use of users		disposition of net assets during the year? If 'Yes,' complete applicable parts of Scriedule IV.	36	100000000000000000000000000000000000000	X
B Did the organization file form IT-04/Loft mits year any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b If Yes, complete Schedule L, Part II and enter the total amount involved.  38 b Loft School (c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39 a N/A  b Gross receipts, included on line 9, for public use of club facilities.  39 b N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 b 0.  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 b considering any or set that has not been benefit transaction during the year, or did it engage in an exast sheriff transaction in a prior year that has not been benefit transaction during the year or did a lengage in an exast sheriff transaction any of its prior Forms 950 or 990-EZ? If Yes, complete Schedule L, Part I. reported on any of its prior Forms 950 or 990-EZ? If Yes, complete Schedule L, Part I. reported on any of its prior Forms 950 or 990-EZ? If Yes, complete Schedule L, Part I. reported on any of its prior Forms 950 or 990-EZ? If Yes, complete Schedule L, Part I. reported on any of the prior example of the prior was the organization and the year under sections 4912, 4955, and 4958.  0 Leaded at Yes any of the prior of the year under sections 4912, 4955, and 4958.  10 Leaded at Yes, complete Form 8960 or 990-EZ in line of the prior of the organization of the prior of th	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. [3/a]	37 b		X
any such loans face in a print year and outsout this set to total  bit Yes, complete Schedule L, Part II and enter the total  3 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  33 b N/A  33 b N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 c section 4911 - 0 c section 4912 - 0 c section 4912 - 0 c section 4915 - 0 c section 4915 - 0 c section 4911 - 0 c section 4912 - 0 c section 4915 - 0 c section 4915 - 0 c section 4916 - 0 c section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of any of its prior Forms 990 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 engage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 engage in and excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 engage in any section 4988 excess benefit transaction and prior year with a section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed  0 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed  0 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed  1 List the states with which a copy of this return is filed * NONE  42a The organization's books are in case of * JAMES THOMSON	ŧ	, and leave to any officer director trustee or key employeeor were	11.05		2500
bit "Yes," complete Schedule L, Part II and enter the total amount involved.  39 Section 501(c)(7) organizations. Enter: a hinkinotin fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		any such loans made in a prior year and still outstanding at the end of the	38 a		X
39 Section 50 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39 b N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \rightarrow 0, section 4915 \rightarrow 0, section 4915 \rightarrow 0.  Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 90-E2? If "Yes," complete Schedule L, Part I.  c Section 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  0.  d Section 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  0.  c Section 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed  0.  e All organizations' at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886c1  1 Ist the states with which a copy of this return is filed *** NONE  42a The organization's books are in care of *** JAMES THOMSON**  Located at *** 1.398 PENATAQUIT AVENUE BAY SHORE NY 2P+4 *** 11706  b At any time during the cleandary year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  2 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and the completed instead of Form 990-EZ.  4 Did the orga	ŧ	If Non-Learning Cabadula I. Part II and enter the total	1		147
a initiation fees and capital contributions included on line 9, for public use of club facilities 39b N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	39	Section 501(c)(7) organizations. Enter:			
b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0,; section 4912 ▶ 0,; section 4915 ▶ 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction unit in the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if Yes, 'complete Schedule L, Part I.  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  6 All organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T.  40 List the states with which a copy of this return is filled ▶ NONE  42 a The organization's books are in case of JAMES THOMSON Located at ★ 13.98 PENATAQUIT AVENUE BAY SHORE NY  List the states with which a copy of this return is filled ▶ NONE  42 a The organization's books are in case of ★ JAMES THOMSON Located at ★ 13.98 PENATAQUIT AVENUE BAY SHORE NY  List the states with which a copy of this return is filled ▶ NONE  43 a The organization for exceptions and filling requirements for FincEN Form 114, Report of Foreign Bank and Financial accountly over a financial		Initiation fees and capital contributions included on line 9	100000000000000000000000000000000000000		
section 4911 * 0 .; section 4912 * 0 .; section 4912 * 0 .)  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess penefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990.EZ? If "Yes," complete Schedule L, Part I.  40b	1	Gross receipts, included on line 9, for public use of club facilities	建设		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  40b  X  2 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization organization organization and 4958.  4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization organization.  4 I List the states with which a copy of this return is filed NONE  42a The organization's books are in care of None PENATAQUIT AVENUE BAY SHORE NY  12 I List the states with which a copy of this return is filed NONE  42a The organization's books are in care of None PENATAQUIT AVENUE BAY SHORE NY  16 Yes,' enter the name of the foreign country Public and enter the name of the foreign country Public and enter the name of the foreign country Public and enter the amount of tax-exempt interest received or accrued during the eax year.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the eax year.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  5 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  6 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  6 Did the organization receive any payments for indoor tanning services during the year?  4 If "Yes' to line 44c, has the organization filed a Form 720 to report these payments?  4 If "Yes' to line 44c, has the organization filed a Form 720 to report these paym	40				
benefit transaction during the year, of unit prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b X reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b X section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 391(2, 495, and 4958 0.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1.  11 List the states with which a copy of this return is filed NONE  12 Telephone no. 531-479-3259 books are in care of JAMES THOMSON INTO INTO INTO INTO INTO INTO INTO IN	-	Section 4911 O. Francisco engage in any section 4958 excess		START .	Me
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule 0.  44d  45a X		and the provide and or more hospital facilities during the year? If Yes, Form 990 must be completed	1000000000		
If 'No,' provide an explanation in Schedule 0		b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed	441	_	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'  b 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,'  45 b X  Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions.		b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?	441		X
b Did the organization receive any payment from the engage in any transactions.  Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.  Form 990-FZ (2018)		<ul> <li>b Did the organization operate one or more hospital facilities during the year? If 'Yes, Form 990 must be completed instead of Form 990-EZ.</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?</li> </ul>	44 6		X
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Page 4

46 Did the	e organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaid	gn activities on behalf	of or in opposition to	46	1800	X
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51	<b>Only</b> ns must answer qu	uestions 47-49b a	nd 52, and complete	e the table		
	Check if the organization used Schedule	O to respond to any	question in this Part \	/1			Щ
<b>47</b> Did th	a examination ongage in lobbying activit	es or have a section 5	501(h) election in effec	ct during the tax year? If	f 'Yes,'	Yes	No X
12 (1) (1)	lete Schedule C, Part II organization a school as described in se				CC-00000000000000000000000000000000000		X
48 Is the	organization a school as described in se ne organization make any transfers to an	exempt non-charitable	related organization?		49 a		X
. 14 15/-	- I was the valeted organization a section	527 organization?			490		
선생님 경우를	s, was the related organization a section blete this table for the organization's five byees) who each received more than \$10 per the section of the section	highest compensated	employees (other than	officers, directors, trus	lees, and no	/	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits,	(e) Estimate	d amou	nt of on
NONE							
E1 Com	number of other employees paid over \$ plete this table for the organization's five	highest compensated	independent contract	ors who each received m	nore than \$1	00,000	) of
	pensation from the organization. If there is  (a) Name and business address of each independent of		<b>(b)</b> Ty	pe of service	(c) Com	pensatio	on
NONE_			-				
			-				
					-		
			-				
<b>d</b> Tota	I number of other independent contractor	s each receiving over	\$100,000	t attach a			_
comi	the organization complete Schedule A? No pleted Schedule A				► XY	s	No
Under penaltie	es of perjury, I declare that I have examined this return, incl and complete. Declaration of preparer (other than office	uding accompanying schedules	and statements, and to the bes	st of my knowledge and belief, it is nowledge.			
true, correct,	and complete. Declaration of preparer (other than office	er) is based on all miorination				371	
Sign	Signature of officer			Date		9	As of the
Here	► PATRICK PARKES			TREASURER			100
	Type or print name and title		Dete	[TOT]	PTIN		1
100	Print/Type preparer's name	Preparer's signature	Date	Check I if	P001116	46	
Paid	JAMES V. MARCIANTE	JAMES V. MARC		self-employed	LOUILIO	40	-
Preparer	Firm's name MARCIANTE & LEE		<u> </u>	Firm's EIN	11-341	527	3
Use Only	Firm's address > 18 MARKET STREE	11720			31-580-7		
10			tructions		► X Y		No
May the I	RS discuss this return with the preparer	SHOWIT ADDVE: SEE ITS		Children and Child		_	<b>Z</b> (2018

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(A)

(D)

(E)

## **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.

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 20-1954953 USA BOCCIA INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 insection 170(bx1)xAxi). 1 A school described in section 170(bX1XAXii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described insection 170(bX1XAXiii). 3 A medical research organization operated in conjunction with a hospital described insection 170(bX1XAXiii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(bX1XAXiv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(bX1)(AXv). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II.) 7 X A community trust described in section 170(bX1)(AXvi). (Complete Part II.) 8 An agricultural research organization described insection 170(bX1XAXix) 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 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 11 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 insection 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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 organization organization. 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. d 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. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (vi) Amount of other (v) Amount of monetary (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) is the organization listed (ii) EIN (i) Name of supported organization support (see instructions) support (see instructions) in your governing document? Yes No

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Schedule A (Form 990 or 990-EZ) 2018 USA BOCCIA INC. 20-1954953

Part II Support Schedule for Organizations 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.)
organization the target of the same and the

Secti	ion A. Public Support				T		************
Calen begin	dar year (or fiscal year ning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	60,788.	151,536.	443,900.	189,242.	149,991.	995,457.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge					110 001	0.
4	Total. Add lines 1 through 3	60,788.	151,536.	443,900.	189,242.	149,991.	995,457.
	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)						0.
6	Public support. Subtract line 5 from line 4						995,457.
Sect	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	60,788.	151,536.	443,900.	189,242.	149,991.	995,457.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28.	422.	2,907.	379.	1,879.	5,615.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	237.	2,986.	5,893.	1,463.	1,905.	12,484.
11	Total support. Add lines 7 through 10						1,013,556.
12	Gross receipts from related acti						0.
	First five years. If the Form 990 organization, check this box an	astop nere		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pu	ıblic Support F	Percentage	11 (0)		14	98.21 %
14	Public support percentage for 2 Public support percentage from	018 (line 6, colum	n (f) divided by III	ne II, column (I),	L	15	98.33 %
15	Public support percentage from	2017 Schedule A	, Part II, line 14.		d line 14 is 22 1/2	% or more check	
	33-1/3% support test-2018. If the and stop here. The organization	I qualifies as a pu	official aubbouted of	9			
	33-1/3% support test-2017. If the and stop here. The organization	ii qualifies as a po	blioly capperion	3			2
	or more, and if the organization the organization meets the 'fac	ts-and-circumstan	ces' test. The orga	anization qualifies	s as a publicly sup	ported organizati	on
	o 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	nd airquimetances	test The organiz	ation qualifies as	a publicly suppor	ted organization.	
18	Private foundation. If the organ	nization did not che	eck a box on line	13, 16a, 16b, 17a	i, or 17b, check in	is box and see in	Struction D
BAA					So	hedule A (Form S	990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 USA BOCCIA INC.

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

Support Schedule for Organizations Described in Section	instign foiled to qualify under Part II. If the organization
(Complete only if you checked the box on line to of Part for it the organi	izadon ranos is species y
fails to qualify under the tests listed below, please complete Part II.)	

la all	on A. Public Support						
		(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 (	r year (or fiscal year beginning in) history of the second	(a) 2014	(2) 23 13				
2 C	Gross receipts from admissions, nerchandise sold or services berformed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose						
3 (	Gross receipts from activities hat 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 ts behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					,	
С	Add lines 7a and 7b					a may be used as the world of	
8	Public support. (Subtract line	CAN DE MEDIA			el regardo da comple A ex espetado da completa		
	7c from line 6.)		A STATE OF SHARWARD AND AND AND ADDRESS OF SHARWARD AN	White is the second of the second			
		(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
Calend	lar year (or fiscal year beginning in)► Amounts from line 6	(=)==					
	Gross income from interest, dividends,						
IUa	payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					501/2	1/3)
	First five years. If the Form 990 organization, check this box and	astop nere		and, third, fourth,	or fifth tax year	as a section 501(c	)(3) ▶
Sec	tion C. Computation of Pu	iblic Support	Percentage				- 0
15	Public support percentage for 2	018 (line 8, colu	mn (f), divided by	line 13, column	(I))	15	
16	Public support percentage from	2017 Schedule	A, Part III, line 15				14 14 1
Sec	tion D. Computation of Inv	vestment Inc	ome Percenta	ge	(0)	17	- 0
17	La salarant incomo percentade	for 2018 (line 10)	c. column (f), divid	ded by line 13, c	olumn (f))	11	- 0
	The same of the sa	4 2017 Cahac	tule A Part III lin	P 1/		CALADA CARACTER STORY	
198	33-1/3% support tests-2018. If	the organization	did not check the	box on line 14,	and line 15 is file	pported organization	on
ŀ	33-1/3% support tests-2017. If	the organization	did not check a b	ne organization (	qualifies as a pub	licly supported org	anization 🟲
20	Private foundation. If the organ	ization did not c	heck a box on line	e 14, 19a, or 19b	, check this box a	all lot ood in the	
20	riivate iodiidationiii tilo organ	and the second s	TEEA040	3L 06/07/18		Schedule A (Form	n 990 or 990-EZ) 20

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Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete		/	
ect	ion A. All Supporting Organizations	-1	v I	N.
		Annual S	Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	+1000	
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization') if 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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?	5b	SCHOOL ST	
10	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1400	
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 <b>Part VI</b> .	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77f 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	ELVIEW .	
	a 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.	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) if 'Yes,' answer 10b below.	10a	_	10 42 10
	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.)	10b		

Schedule A (Form 990 or 990-EZ) 2018 USA BOCCIA INC.	20-1954953	Р	age 5
Part IV Supporting Organizations (continued)		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons descing governing body of a supported organization?	ribed in (b) and (c) below, the		ggergann)
<b>b</b> A family member of a person described in (a) above?	11ь		
c A 35% controlled entity of a person described in (a) or (b) above?If 'Yes' to a, b, or c,	provide detail in Part VI. 11c		
Section B. Type I Supporting Organizations			
	the power to regularly appoint	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have or elect at least a majority of the organization's directors or trustees at all times during <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization had more than one supported organization, describe how the power directors or trustees were allocated among the supported organizations and what contapplied to such powers during the taxyear.	ed the organization's activities. ers to appoint and/or remove ditions or restrictions, if any,		
2 Did the organization operate for the benefit of any supported organization other than that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in benefit carried out the purposes of the supported organization(s) that operated, super supporting organization.	the supported organization(s) n <b>Part VI</b> how providing such rvised, or controlled the		
Section C. Type II Supporting Organizations		V	No
1 Were a majority of the organization's directors or trustees during the tax year also a n of each of the organization's supported organization(s)? If 'No,' describe in Part VI how supporting organization was vested in the same persons that controlled or managed to		Yes	No
Section D. All Type III Supporting Organizations		T.,	1
		Yes	No
<ul> <li>Did the organization provide to each of its supported organizations, by the last day of organization's tax year, (i) a written notice describing the type and amount of support year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification organization's governing documents in effect on the date of notification, to the extent</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or examination? If 'N</li> </ul>	ation, and (iii) copies of the toot previously provided?		
organization(s) or (ii) serving on the governing body of a supported organization maintained a close and continuous working relationship with the sup	opported organization(s). 2		
voice in the organization's investment policies and in directing the use of the organization's all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's sign this regard			
Section E. Type III Functionally Integrated Supporting Organizations			_
1 Check the box next to the method that the organization used to satisfy the Integral P	art Test during the yea(see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete lin	ne 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you su	apported a government entity (see instruc	tions)	1.
		Yes	
2 Activities Test. Answer (a) and (b) below.	u to the of the		
a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive?!f 'Yes,' then in organizations and explainhow these activities directly furthered their exempt purpos responsive to those supported organizations, and how the organization determined t substantially all of its activities.	ses, how the organization was that these activities constituted	a	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's the organization's supported organization(s) would have been engaged in?If 'Yes,' ex the organization's position that its supported organization(s) would have engaged in organization's involvement.	involvement, one or more of kplain inPart VI the reasons for these activities but for the	b	
3 Parent of Supported Organizations. Answer (a) and (b) below.			10.4.20
a Did the organization have the power to regularly appoint or elect a majority of the or each of the supported organizations? Provide details in Part VI.		а	18 S4
b Did the organization exercise a substantial degree of direction over the policies, pro supported organizations? If 'Yes,' describe in Part VI the role played by the organization.	ograms, and activities of each of its ation in this regard. 3  Schedule A (Form 990 or	990-E	EZ) 20
TEEA0405L 06/07/18	Schedule A (1 of 11 of 0	THE OWNER OF	

Dest Test of a qualifying trust	on No	ov 20 1970 (explain in	Part VI <b>See</b> through E.
	(A) Prior Year	(B) Current Year (optional)	
Net short-term capital gain	1		
Part Production Control of the Part of the	2		
	3		
2990012	4		
	5		
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		
	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
	1b		
	1c		
Total (add lines 1a, 1b, and 1c)	1d		AND THE PERSON NAMED IN COMPANY OF THE PERSON NAMED IN COMPANY
Discount claimed for blockage or other			
	2		
Subtract line 2 from line 1d.	3		
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	-		
	-		
Recoveries of prior-year distributions	2.5		
Minimum Asset Amount(add line 7 to line 6)	8		ALC:
	- Al-		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2	<b>多数数字数数数</b>	
Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-11. to 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	7 S
	4		48
Income tax imposed in prior year	5		97) 97)
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally in (see instructions).	tegrate		
		Schedule A (	Form 990 or 990-EZ)
	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization on A — Adjusted Net Income  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion  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)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  ion B — Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail inPart VI):  Acquisition indebtedness applicable to non-exempt-use assets  Subtract line 2 from line 1d.  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by .035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  tion C — Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-functionally in	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Normatructions. All other Type III non-functionally integrated supporting organizations must on A — Adjusted Net Income  Net short-term capital gain	Net short-term capital gain Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion  Depreciation and depletion  Fortion 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)  Adjusted Net Income (see instructions)  7  Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8  ion B — Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  1a  Average monthly value of securities  1b  Fair market value of other non-exempt-use assets  1c  I total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2  Subtract line 2 from line 1d.  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  Multiply line 5 by .035.  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Minimum Asset Amount (add line 7 to line 6)  Minimum asset amount for prior year (from Section A, line 8, Column A)  2  Enter 85% of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)  3  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting of case instructions).  Schedule Af  Schedule

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Part V Type III Non-Functionally Integrated 509(a)(3) Supsection D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt p	urposes		
2 Amounts paid to perform activity that directly furthers exempt pur	poses of supported orga	nizations,	
in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizations to which the organizations.	ganization is responsive	(provide details	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			2005
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6	The State of the Contract of t	A CASE OF THE RESIDENCE OF	The same of the sa
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.	· 1000000000000000000000000000000000000		
3 Excess distributions carryover, if any, to 2018		an electric control of the best of the	
a From 2013			
<b>b</b> From 2014			
c From 2015	ENTERN THERE	A CANADA STATE	de la
<b>d</b> From 2016	PROPERTY AND AND ASSESSMENT	Harry Committee	
e From 2017.	<b>马利斯特别的</b>		
f Total of lines 3a through e			The state of the state of
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount		(A) 的 (A)	
i Carryover from 2013 not applied (see instructions)		是一个世界的现在分词的	The Court of the C
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			14.3 16.44
a Applied to underdistributions of prior years			THE LAND OF THE PARK OF THE PA
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.		(A)	
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019 Add lines 3j and 4c.		AND ALL CONTRACTOR	
8 Breakdown of line 7:			
a Excess from 2014.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1000 1000 1000 1000 1000 1000 1000 100
b Excess from 2015		<b>自己</b>	
c Excess from 2016			
d Excess from 2017			and the specialist
e Excess from 2018	THE PARTY OF THE P		The latest St.
BAA		Schedule A (F	orm 990 or 990-EZ) 2

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

### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2018	_	2017	_	2016	 2015	_	2014
MISCELLANEOUS	TOTAL	\$ 1,905. 1,905.	\$	1,463. 1,463.	\$	5,893. 5,893.	\$ 2,986. 2,986.	\$	237. 237.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

20-1954953 USA BOCCIA INC. **Fundraising Activities.**Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) (ii) Activity have custody or control of contributions? fundraiser listed in from activity organization or entity (fundraiser) column (i) Yes 1 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

20-1954953 Page 2 Schedule G (Form 990 or 990-EZ) 2018 USA BOCCIA INC. Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (c) Other events (a) Event #1 (b) Event #2 (add column (a) through column (c)) NONE TOURNAMENT (total number) (event type) (event type) REVENDE 63,767. 63,767 1 Gross receipts ..... 2 Less: Contributions..... 63,767. 63,767. 3 Gross income (line 1 minus line 2)..... 4 Cash prizes..... Noncash prizes ..... DIRECT 16,880. 16,880. 2,098. 2,098. 7 Food and beverages..... EXPENSES 10 Direct expense summary. Add lines 4 through 9 in column (d). 18,978. 44,789. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (b) Pull tabs/instant (c) Other gaming (add column (a) bingo/progressive (a) Bingo REVENDE through column (c)) bingo 1 Gross revenue..... 2 Cash prizes ..... EXPENSES DIRECT 3 Noncash prizes ..... 4 Rent/facility costs ..... જ Yes Yes Yes No No No Volunteer labor..... Direct expense summary. Add lines 2 through 5 in column (d)..... 

9 Enter the state(s) in which the organization	conducts gaming activities:			
a Is the organization licensed to conduct gami	ing activities in each of these states?		Yes	No
b If 'No,' explain:				
10 a Were any of the organization's gaming licen	ses revoked, suspended, or terminated du	uring the tax year?	Yes	□ No
b If 'Yes,' explain:			2777 4 20 3	
				001

edule G (Form 990 or 990-EZ) 2018 USA BOCCIA INC.	20-1954953	Page :
Does the organization conduct gaming activities with nonmembers?	Yes	No
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or administer charitable gaming?	r other entity formed to	No
Indicate the percentage of gaming activity conducted in:	Î	%
a The organization's facility.	13b	%
b An outside facility.	vents books and records:	
Enter the name and address of the person who prepares the organization's gaming/special ex		
Name •		
Address •		
a Does the organization have a contract with a third party from whom the organization receives b If 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c If 'Yes,' enter name and address of the third party:	s gaming revenue? Yes and the amount	No
Name •		
Address •		
Gaming manager information:		
Name •		
Gaming manager compensation ► \$		
Description of services provided		
☐ Director/officer ☐ Employee ☐ Independent contractor		
7 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming state gaming license?		i No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt	organizations or spent in the	
organization's own exempt activities during the tax year ► \$  art IV Supplemental Information. Provide the explanations required by Parl and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als information. See instructions.	t I, line 2b, columns (iii) and so provide any additional	d (v);
ALL DESCRIPTION OF THE PARTY OF	1, 5,571, 1894 1 199	27:102

### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990for the latest information.

Open to Public Inspection

Employer identification number

Name of the organization	20-1954953
USA BOCCIA INC.	20 1934933
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE	
MISCELLANEOUS	\$ 1,905. \$ 1,905.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
DUES & SUBSCRIPTIONS INSURANCE OFFICE EXPENSES TOURNAMENT FEES TRAVEL	25, 468. 30, 640.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	
	BEGINNING ENDING
ROUNDING TOTAL	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	
	BEGINNING ENDING
CREDIT CARD PAYABLE TOTAL	\$ 13,158. \$ 3,861. \$ 13,158. \$ 3,861.
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
PROMOTE THE WELFARE OF PHYSICALLY DISABLED INDIVIDUALS BY	ORGANIZING AND PROMOTING
ATHLETIC ACTIVITIES TO BE PLAYED IN A COMPETITIVE FORUM.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERS	ONAL BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT	? NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,	DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO