

2016

## 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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 11/01, 2016, and ending 10/31, 2017

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C  
USA BOCCIA INC.  
1398 PENATAQUIT AVENUE  
BAY SHORE, NY 11706

COPY

D Employer identification number

20-1954953

E Telephone number

631-479-3259

G Gross receipts \$ 452,700.

H(a) Is this a group return for subordinates? Yes ☒ No ☐H(b) Are all subordinates included? Yes ☐ No ☐  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (Insert no.) 4947(a)(1) or 527

J Website: WWW.USABOCCIA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2004

M State of legal domicile: NY

## Part I Summary

|                             |         |  |   |              |      |
|-----------------------------|---------|--|---|--------------|------|
| Activities & Governance     | 1       | Briefly describe the organization's mission or most significant activities: <u>PROMOTE THE WELFARE OF PHYSICALLY DISABLED INDIVIDUALS BY ORGANIZING AND PROMOTING ATHLETIC ACTIVITIES TO BE PLAYED IN A COMPETITIVE FORUM.</u> |   |              |      |
|                             | 2       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |              |      |
|                             | 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   | 0            |      |
|                             | 5       | Total number of individuals employed in calendar year 2016 (Part V, line 2a)   | 5   | 0            |      |
|                             | 6       | Total number of volunteers (estimate if necessary)   | 6   | 0            |      |
|                             | Revenue | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12              | 7a           | 0.   |
| b                           |         | Net unrelated business taxable income from Form 990-T, line 34   | 7b  | 0.           |      |
| 8                           |         | Contributions and grants (Part VIII, line 1h)  | Prior Year  | Current Year |      |
| 9                           |         | Program service revenue (Part VIII, line 2g)   | 151,536.  | 178,389.     |      |
| 10                          |         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 422.  | 2,907.       |      |
| 11                          |         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 2,986.  | -61,405.     |      |
| 12                          |         | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 154,944.  | 119,891.     |      |
| Expenses                    |         | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  |              |      |
|                             |         | 14   | Benefits paid to or for members (Part IX, column (A), line 4)                     |              |      |
|                             |         | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,000.       | 250. |
|                             | 16a     | Professional fundraising fees (Part IX, column (A), line 11e)  |   |              |      |
|                             | b       | Total fundraising expenses (Part IX, column (D), line 25) ▶  |   |              |      |
|                             | 17      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 153,483.  | 132,118.     |      |
|                             | 18      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 155,483.  | 132,368.     |      |
|                             | 19      | Revenue less expenses. Subtract line 18 from line 12   | -539.   | -12,477.     |      |
| Net Assets or Fund Balances | 20      | Total assets (Part X, line 16)   | Beginning of Current Year   | End of Year  |      |
|                             | 21      | Total liabilities (Part X, line 26)  | 55,109.   | 39,680.      |      |
|                             | 22      | Net assets or fund balances. Subtract line 21 from line 20   | 3,363.  | 410.         |      |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MARK FLORA-SWICK

TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed PTIN

JAMES V. MARCIANTE

JAMES V. MARCIANTE

11/30/17

P00111646

Firm's name ▶ MARCIANTE &amp; LEFAVI, CPA'S, PC

Firm's address ▶ 18 MARKET STREET

CENTEREACH, NY 11720

Firm's EIN ▶ 11-3415273

Phone no. 631-580-7800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No



**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.   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  |     | 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.  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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.   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   |     | X  |
| 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.            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.   |     | 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.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.   |     | 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.   |     | 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.   |     | X  |
| 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.  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.   | 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.  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.  |     | X  |
| 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.   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 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. |     | X  |
| 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.   |     | 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.   |     | 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).  |     | 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.   | 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.   |     | X  |



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

|   | Yes | No |
|---|-----|----|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">1 a 0</span>   |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">1 b 0</span>  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <span style="float: right;">1 c</span>  |     |    |
| <b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float: right;">2 a 0</span>                    |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)           |     |    |
| <b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.   |     |    |
| <b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | X  |
| <b>b</b> If 'Yes,' enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>a</b> 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?  |     | X  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float: right;">7 d</span>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. <span style="float: right;">10 a</span>  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float: right;">10 b</span>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b> Gross income from members or shareholders. <span style="float: right;">11 a</span>   |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11 b</span>   |     |    |
| <b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float: right;">12 b</span>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</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. <span style="float: right;">13 b</span>   |     |    |
| <b>c</b> Enter the amount of reserves on hand. <span style="float: right;">13 c</span>  |     |    |
| <b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?  |     | X  |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.   |     |    |

**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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JAMES THOMSON<br>PRESIDENT      | 0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) CHARLES BROWN<br>VICE PRESIDENT | 0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) FIONA ALLEN<br>SECRETARY        | 0  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) MARK FLORA-SWICK<br>TREASURER   | 0  | X   |                       |         |              |                              |        | 250.   | 0.  | 0.  |
| (5)                                 |  |   |                       |         |              |                              |        |  |   |   |
| (6)                                 |  |   |                       |         |              |                              |        |  |   |   |
| (7)                                 |  |   |                       |         |              |                              |        |  |   |   |
| (8)                                 |  |   |                       |         |              |                              |        |  |   |   |
| (9)                                 |  |   |                       |         |              |                              |        |  |   |   |
| (10)                                |  |   |                       |         |              |                              |        |  |   |   |
| (11)                                |  |   |                       |         |              |                              |        |  |   |   |
| (12)                                |  |   |                       |         |              |                              |        |  |   |   |
| (13)                                |  |   |                       |         |              |                              |        |  |   |   |
| (14)                                |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

|   |   |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|---------------|----------------------|--|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts             | 1 a Federated campaigns.....  | 1 a           |                      |  |   |  |
|   | b Membership dues.....  | 1 b           | 5,085.               |  |   |  |
|   | c Fundraising events.....   | 1 c           |                      |  |   |  |
|   | d Related organizations.....  | 1 d           |                      |  |   |  |
|   | e Government grants (contributions).....  | 1 e           |                      |  |   |  |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above.....  | 1 f           | 173,304.             |  |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$.....  |               |                      |  |   |  |
| h Total. Add lines 1a-1f.....   |   |               | 178,389.             |  |   |  |
| Program Service Revenue   | Business Code   |               |                      |  |   |  |
|   | 2 a   |               |                      |  |   |  |
|   | b   |               |                      |  |   |  |
|   | c   |               |                      |  |   |  |
|   | d   |               |                      |  |   |  |
|   | e   |               |                      |  |   |  |
|   | f All other program service revenue.....  |               |                      |  |   |  |
| g Total. Add lines 2a-2f.....   |   |               |                      |  |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest and<br>other similar amounts).....   |               | 2,907.               | 2,907.   |   |  |
|   | 4 Income from investment of tax-exempt bond proceeds.....   |               |                      |  |   |  |
|   | 5 Royalties.....  |               |                      |  |   |  |
|   |   |               |                      |  |   |  |
|   | 6 a Gross rents.....  |               |                      |  |   |  |
|   | b Less: rental expenses.....  |               |                      |  |   |  |
|   | c Rental income or (loss).....  |               |                      |  |   |  |
|   | d Net rental income or (loss).....  |               |                      |  |   |  |
|   |   |               |                      |  |   |  |
|   | 7 a Gross amount from sales of<br>assets other than inventory.....  |               |                      |  |   |  |
|   | b Less: cost or other basis<br>and sales expenses.....  |               |                      |  |   |  |
|   | c Gain or (loss).....   |               |                      |  |   |  |
|   | d Net gain or (loss).....   |               |                      |  |   |  |
|   |   |               |                      |  |   |  |
|   | 8 a Gross income from fundraising events<br>(not including \$.....<br>of contributions reported on line 1c).<br>See Part IV, line 18..... |               | a                    | 265,511.   |   |  |
|   | b Less: direct expenses.....  |               | b                    | 332,809.   |   |  |
|   | c Net income or (loss) from fundraising events.....   |               |                      | -67,298.   |   | -67,298.   |
| 9 a Gross income from gaming activities.<br>See Part IV, line 19..... |   | a             |                      |  |   |  |
| b Less: direct expenses.....  |   | b             |                      |  |   |  |
| c Net income or (loss) from gaming activities.....                    |   |               |                      |  |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances.....    |   | a             |                      |  |   |  |
| b Less: cost of goods sold.....                                       |   | b             |                      |  |   |  |
| c Net income or (loss) from sales of inventory.....                   |   |               |                      |  |   |  |
| Miscellaneous Revenue   |   | Business Code |                      |  |   |  |
| 11 a MISCELLANEOUS  |   | 900099        | 5,893.               | 5,893.   |   |  |
| b   |   |               |                      |  |   |  |
| c   |   |               |                      |  |   |  |
| d All other revenue.....  |   |               |                      |  |   |  |
| e Total. Add lines 11a-11d.....                                       |   |               | 5,893.               |  |   |  |
| 12 Total revenue. See instructions.....                               |   |               | 119,891.             | 8,800.   | 0.                                      | -67,298.   |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|   |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|---|---|--------------------------|---------|--------------------|
| <b>Assets</b>   | 1 Cash — non-interest-bearing   | 1,306.                   | 1       | 5,106.             |
|   | 2 Savings and temporary cash investments  | 43,577.                  | 2       | 34,574.            |
|   | 3 Pledges and grants receivable, net  |                          | 3       |                    |
|   | 4 Accounts receivable, net  |                          | 4       |                    |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5       |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6       |                    |
|   | 7 Notes and loans receivable, net   |                          | 7       |                    |
|   | 8 Inventories for sale or use   |                          | 8       |                    |
|   | 9 Prepaid expenses and deferred charges   |                          | 9       |                    |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a                      |         |                    |
|   | b Less: accumulated depreciation  | 10b                      | 10c     |                    |
|   | 11 Investments — publicly traded securities   |                          | 11      |                    |
|   | 12 Investments — other securities. See Part IV, line 11   |                          | 12      |                    |
|   | 13 Investments — program-related. See Part IV, line 11  | 10,226.                  | 13      |                    |
|   | 14 Intangible assets  |                          | 14      |                    |
|   | 15 Other assets. See Part IV, line 11   |                          | 15      |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 55,109.   | 16                       | 39,680. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  |                          | 17      |                    |
|   | 18 Grants payable   |                          | 18      |                    |
|   | 19 Deferred revenue   |                          | 19      |                    |
|   | 20 Tax-exempt bond liabilities  |                          | 20      |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 21      |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |                          | 22      |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties   |                          | 23      |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |                          | 24      |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 3,363.                   | 25      | 410.               |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 3,363.                   | 26      | 410.               |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |         |                    |
|   | 27 Unrestricted net assets  | 51,746.                  | 27      | 39,270.            |
|   | 28 Temporarily restricted net assets  |                          | 28      |                    |
|   | 29 Permanently restricted net assets  |                          | 29      |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |         |                    |
|   | 30 Capital stock or trust principal, or current funds   |                          | 30      |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31      |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   |                          | 32      |                    |
|   | 33 <b>Total net assets or fund balances.</b>  | 51,746.                  | 33      | 39,270.            |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 55,109.   | 34                       | 39,680. |                    |

BAA

Form 990 (2016)



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

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

USA BOCCIA INC.

Employer identification number

20-1954953

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 12a through 12g that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.  |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5.   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| c Add lines 10a and 10b  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |  |
|--|----|--|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). | 15 |  |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15                       | 16 |  |

**Section D. Computation of Investment Income Percentage**

|   |    |  |
|---|----|--|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). | 17 |  |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17                         | 18 |  |

- 19a **33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV Supporting Organizations** (continued)

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 described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- 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**.

|     | Yes | No |
|-----|-----|----|
| 11a |     |    |
| 11b |     |    |
| 11c |     |    |

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

- 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.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)****Section D – Distributions**

Current Year

|    |  |  |
|----|--|--|
| 1  | Amounts paid to supported organizations to accomplish exempt purposes  |  |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 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 <b>Part VI</b> ). See instructions.   |  |
| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.  |  |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |  |
| 9  | Distributable amount for 2016 from Section C, line 6   |  |
| 10 | Line 8 amount divided by Line 9 amount   |  |

**Section E – Distribution Allocations (see instructions)**(i)  
Excess  
Distributions(ii)  
Underdistributions  
Pre-2016(iii)  
Distributable  
Amount for 2016

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | Distributable amount for 2016 from Section C, line 6  |  |  |  |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.   |  |  |  |
| 3 | Excess distributions carryover, if any, to 2016:  |  |  |  |
| a |   |  |  |  |
| b |   |  |  |  |
| c | From 2013   |  |  |  |
| d | From 2014   |  |  |  |
| e | From 2015   |  |  |  |
| f | <b>Total</b> of lines 3a through e  |  |  |  |
| g | Applied to underdistributions of prior years  |  |  |  |
| h | Applied to 2016 distributable amount  |  |  |  |
| i | Carryover from 2011 not applied (see instructions)  |  |  |  |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |  |
| 4 | Distributions for 2016 from Section D, line 7: \$   |  |  |  |
| a | Applied to underdistributions of prior years  |  |  |  |
| b | Applied to 2016 distributable amount  |  |  |  |
| c | Remainder. Subtract lines 4a and 4b from 4.   |  |  |  |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |  |  |
| 7 | <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |  |  |  |
| 8 | Breakdown of line 7:  |  |  |  |
| a |   |  |  |  |
| b | Excess from 2013  |  |  |  |
| c | Excess from 2014  |  |  |  |
| d | Excess from 2015  |  |  |  |
| e | Excess from 2016  |  |  |  |

BAA

Schedule A (Form 990 or 990-EZ) 2016



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

USA BOCCIA INC.

20-1954953

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

|  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

2 Complete lines 2a through 2d if the organization held a qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements   | 2 a                             |
| b Total acreage restricted by conservation easements   | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a)   | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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)  |                |   |
| (10)   |                |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

N/A

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)  |                |
| (10)   |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) CREDIT CARD PAYABLE  | 410.           |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 410.           |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization  
**USA BOCCIA INC.**

Employer identification number  
**20-1954953**

**Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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? ☐ Yes ☒ No

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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   | 0.  |

3 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.

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- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.