## EXTENDED TO NOVEMBER 15, 2017

Retur

Under section 5

**▶** Do

Department of the Treasury Internal Revenue Service

► Inf

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n of Organization Exem	nt From I	noomo Tay	OMB No. 1545-0047
501(c), 527, or 4947(a)(1) of the Internal Re	evenue Code (exc	ept private foundations)	2016
not enter social security numbers on this	s form as it may b	e made public.	Open to Public
ormation about Form 990 and its instruct	ions is at www.irs	s.gov/form990.	Inspection
ear beginning	and ending		
		D. Francisco de la contidia ati	

_	For the	2016 colonder year or tax year haginning		igoviioiiiioooi	
		2016 calendar year, or tax year beginning and endir	119		
В	Check if applicable: Address change	AMERICAN CONTRACT BRIDGE LEAGUE		D Employer identifi	cation number
F	□Name			58_1	733600
H	change □Initial		,		
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  6575 WINDCHASE BLVD	n/suite	E Telephone numbe	261-3028
	termin- ated Amende return	City or town, state or province, country, and ZIP or foreign postal code HORN LAKE, MS 38637-1523		G Gross receipts \$  H(a) Is this a group re	147,370.
F	Applica tion			for subordinates	
_	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3)	527		list. (see instructions)
		e: ▶ N/A		H(c) Group exemption	
		·	<b>L</b> Year o	of formation: $1987$ N	A State of legal domicile: MS
Pa		Summary			
Activities & Governance		Briefly describe the organization's mission or most significant activities: INCREAS BRIDGE	SE A	WARENESS OF	CONTRACT
па	2 0	Check this box   if the organization discontinued its operations or disposed or	of more	than 25% of its net as	ssets.
Ne.		Number of voting members of the governing body (Part VI, line 1a)		1 -	8
ၓ	1	Number of independent voting members of the governing body (Part VI, line 1b)			8
∞ ∞					0
ţį		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			0
⋛	1	otal number of volunteers (estimate if necessary)			
Aci		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b N	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)		140,868.	140,218.
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,222.	7,152.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		149,090.	147,370.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		76,084.	62,475.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Se	160 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h T	otal fundraising expenses (Part IX, column (A), line 25)			-
Ä	170	Otal full draising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,360.	60,916.
				137,444.	123,391.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,646.	23,979.
_ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	19 F	Revenue less expenses. Subtract line 18 from line 12			
ts o			Bec	ginning of Current Year 855,676.	End of Year 854,043.
SSe	20 1	otal assets (Part X, line 16)			
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)		43,315. 812,361.	17,585.
		Net assets or fund balances. Subtract line 21 from line 20		012,301.	836,458.
	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.	
		Discording of efficient		Data	
Sig	n	Signature of officer		Date	
Hei	re	MITCH DUNITZ, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d  E	BENJAMIN D. COLLINS		it self-employ	
Pre	parer	Firm's name WATKINS UIBERALL, PLLC		Firm's EIN ▶	62-1804252
	-	Firm's address 1661 AARON BRENNER DR., STE 300			
	·	MEMPHIS, TN 38120		Phone no. (9	01) 761-2720
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
ivia	y 1110 1111	3 discuss this return with the preparer shown above; (see instructions)			Earm <b>QQN</b> (2016)

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  INCREASE AWARENESS OF CONTRACT BRIDGE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	<u>X</u> No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 101,104 • including grants of \$ 62,475 • ) (Revenue \$	
4a	(Code: ) (Expenses \$ 101,104. including grants of \$ 62,475.) (Revenue \$ MAKE GRANTS TO SUPPORT THE PURPOSE OF INCREASING PUBLIC AWARENESS AND	<del>Б                                    </del>
	INSTRUCTING THE PUBLIC ABOUT CONTRACT BRIDGE.	
	INDIROCIING THE TODDIC ADOUT CONTRACT DRIDGE:	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 101,104.	
	Form <b>99</b> 0	(2016)

## AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION

Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<b>.</b>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		_ v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

58-1733600

# 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		l 🕶
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨╻		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>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?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the arrange of the arrange fraction and the state of the distribution and the artists 40000	9a		
	Did the angular completion make a distribution to a depart depart of the completed paragraph	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
		Form	1 <b>990</b>	(2016)

632005 11-11-16

58-1733600 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
		0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8		
b	Enter the number of voting members included in line 1a, above, who are independent	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
4	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?			X
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
ra	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- /a		
b	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00	<del></del>	
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. , ,	1	
	The section 2 requires manufacture for required by the members and section		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	\ !! ·	-1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) avaılal	oie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website W Upon request Other (explain in Schedule O)	. ـ ـ اعاد ـ ـ ـ	! . !	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	na tinar	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  JOE JONES - 662-253-3100			
	6575 WINDCHASE BLVD., HORN LAKE, MS 38637			

632006 11-11-16

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more that box, unless person is b officer and a director/tra					compensation	compensation	amount of
	week		cer an	u a u	director/trustee)		iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2, 1000 *********************************		and related
	below	idual	ution	<u></u>	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form			
(1) BARBARA HELLER	1.00									
PRESIDENT		Х		Х				0.	0.	0
(2) JAY WHIPPLE	1.00									
TRUSTEE		Х						0.	0.	0
(3) MITCH DUNITZ	1.00									
TREASURER		Х		Х				0.	0.	0
(4) JANE CHAMPION	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0
(5) ROD BIAS	1.00									
TRUSTEE		Х						0.	0.	0
(6) BETTY STARZEC	1.00	ļ								
VICE-PRESIDENT		Х		Х				0.	0.	0
(7) DENNIS CARMEN	1.00	۱								
TRUSTEE	1 00	Х						0.	0.	0
(8) RUSS JONES	1.00	١							_	
TRUSTEE		Х						0.	0.	0
		4								
		4								
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Form	990 (2016) EDUCATION	NAL FOUL	NDZ	AT]	101	1				58-1733	600	P	age
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghes	st C	Compensated Employe	es (continued)			
<b>(A)</b> Name and title		(B) Average hours per week	box	not c	ss pe	ition more rson i	than o s both r/trus	<b>(E)</b> Reportable compensation from related	1	ed of			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	npensa rom the ganizat d relat anizati	e tion ted
											_		
С	Sub-total  Total from continuation sheets to Part VI	I, Section A					ļ	<b>&gt;</b>	0.	0. 0. 0.			0
2	Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization ▶										<u> </u>		
	Did the organization list any <b>former</b> officer,	director, or tru	uste	e. ke	ev en	olan	vee.	or	highest compensated e	mplovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	uch individual									3		Х
	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	4		Х
	rendered to the organization? If "Yes," com ion B. Independent Contractors	plete Schedul	e J f	or su	uch j	pers	on .				5		X
	Complete this table for your five highest co										ation	from	
	(A) Name and business			ONE					(B) Description of s			C) ensatio	n

Form **990** (2016)

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

\$100,000 of compensation from the organization

Form 990 (2016) EDUCATI
Part VIII Statement of Revenue

ı u	I C V I			or note to any lin	e in this Part VIII			
		Check if Schedule O conta	ана а гезропас	s of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Sifts, Grants ar Amounts	k	<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> </ul>	1b	54,240.				
Contributions, Gifts, Grants and Other Similar Amounts	f	<ul> <li>Government grants (contributi</li> <li>All other contributions, gifts, grant similar amounts not included above</li> </ul>	ons)	85,978.				
Son	_	<ul><li>g Noncash contributions included in lines</li><li>h Total. Add lines 1a-1f</li></ul>			140,218.			
<u> </u>		Total. Add lines 1a-11		Business Code	210,220			
Program Service Revenue	2 a	ab		Ducinicae Gode				
Se	(	с						
ran leve	(	d						
rog		e						
Ф		f All other program service reve						
		g Total. Add lines 2a-2f						
	3	Investment income (including			7,152.			7,152.
	4	other similar amounts)			1,134.			1,132.
	4 5	Royalties						
	3	noyaliles	(i) Real	(ii) Personal				
	6 a	a Gross rents	(i) Hour	(ii) i crooriai				
		<b>b</b> Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	<b>b</b> Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
ər		<ul><li>d Net gain or (loss)</li><li>a Gross income from fundraising</li></ul>		<b>&gt;</b>				
Other Revenu		including \$contributions reported on line Part IV, line 18	1c). See	ı				
Ę	k	<b>b</b> Less: direct expenses						
		c Net income or (loss) from fund		<b>&gt;</b>				
	9 a	a Gross income from gaming ac						
		Part IV, line 19	8	1				
		<b>b</b> Less: direct expenses						
		c Net income or (loss) from gam	-					
	10 a	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 8			Dusiness Code				
		b						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			147,370.	0.	0.	7,152.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 62,475 62,475. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 14,476. 14,476. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 267. 267. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 2,109. 2,109. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26,183. 23,927. 2,256. OTHER EXPENSES 14,702. 14,702. NABC TOURNAMENT EXPENSE ADMINISTRATIVE FEES 3,179. 3,179. C d All other expenses е 123,391. 101,104. 22,287. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2016)

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

<u>Par</u>	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	286,065.	1	420,033
	2	Savings and temporary cash investments	561,107.	2	426,225
	3	Pledges and grants receivable, net	6,068.	3	5,863
	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			
<sub>ι</sub>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		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		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,436.	15	1,922
	16	Total assets. Add lines 1 through 15 (must equal line 34)	855,676.	16	854,043
_	17	Accounts payable and accrued expenses	000,0101	17	001,010
	18	Grants payable Grants payable	43,315.	18	17,585
	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,			
<u> ב</u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		2-7	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Total liabilities. Add lines 17 through 25	43,315.	26	17,585
1		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ا ي		complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	732,040.	27	757,788
	28	Temporarily restricted net assets	55,321.	28	53,670
8	29	Permanently restricted net assets	25,000.	29	25,000
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u>.</u>		and complete lines 30 through 34.			
<u>s</u>	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	812,361.	33	836,458
	34	Total liabilities and net assets/fund balances	855,676.	34	854,043

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	7,3	70.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			91. 79.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4							
5	Net unrealized gains (losses) on investments	5		1	18.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	83	6,4	58.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							

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