EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending

Open to Public

В	Check if applicable	C Name of organization	ı	D Employer identific	cation number				
_	Addres	AMERICAN CONTRACT BRIDGE LEAGUE							
Ļ	change	EDUCATIONAL FOUNDATION		FO 1	722600				
F]change □]Initial	9		58-1733600					
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E	E Telephone number	261-3028				
	Ireturn/ termin-	6575 WINDCHASE BLVD		G Gross receipts \$	152,089.				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code HORN LAKE, MS 38637-1523	- ⊢	-					
H	⊥return Applica _tion		'	H(a) Is this a group refor subordinates					
	tion pending	SAME AS C ABOVE	١,	H(b) Are all subordinates in	······ — —				
$\overline{\mathbf{T}}$	Ταν-ργρ	mpt status: \boxed{X} 501(c)(3) $$ 501(c) () $$ (insert no.) $$ 4947(a)(1) or $$	527		list. (see instructions)				
		e: ► N/A		H(c) Group exemption					
					State of legal domicile: MS				
		Summary			, otato or rogal dominono,				
_	1 6	Briefly describe the organization's mission or most significant activities: INCREASE	E AW	ARENESS OF	CONTRACT				
Governance		BRÍDGE							
ern		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of							
ઠ્ઠ		Number of voting members of the governing body (Part VI, line 1a)			11				
		Number of independent voting members of the governing body (Part VI, line 1b)			11				
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0				
⋛		Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, line 38	<u> </u>	Prior Year	Current Year				
-	8 (Contributions and grants (Part VIII, line 1h)		197,614.	142,922.				
nge		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,407.	9,167.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		204,021.	152,089.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		76,190.	112,710.				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă	b∃	Total fundraising expenses (Part IX, column (D), line 25)		100 100					
ш	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,422.	226,587.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		275,612.	339,297.				
	19 F	Revenue less expenses. Subtract line 18 from line 12		-71,591.	-187,208.				
Net Assets or Find Balances			Regi	nning of Current Year 788,753.	End of Year 667,220.				
SSE	20	Fotal assets (Part X, line 16)		25,792.	91,718.				
let /	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		762,961.	575,502.				
P	2 22	Signature Block		702,501	373,3021				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemen	ts, and to the best of my	/ knowledge and belief, it is				
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,				
Sig	ın	Signature of officer		Date					
He	re	MITCH DUNITZ, TREASURER							
		Type or print name and title	I Davi	-	DTIN				
		Print/Type preparer's name Preparer's signature	Dat	Check L	PTIN				
Pai	-	BENJAMIN D. COLLINS		self-employe					
	-	Firm's name WATKINS UIBERALL, PLLC		Firm's EIN	62-1804252				
USE	Only	Firm's address 1661 AARON BRENNER DR., STE 300		Dha	01) 761-2720				
	44 - 17	MEMPHIS, TN 38120		Phone no. (9					
ıvıa	y tne IR	S discuss this return with the preparer shown above? (see instructions)			💹 Yes 📖 No				

Pai	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission: 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?)
	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 X No. If "Yes," describe these changes on Schedule O.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 307,929 • including grants of \$) (Revenue \$	<u> </u>
та	MAKE GRANTS TO SUPPORT THE PURPOSE OF INCREASING PUBLIC AWARENESS AND	,
	INSTRUCTING THE PUBLIC ABOUT CONTRACT BRIDGE.	-
		-
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4b	(Code:) (Expenses \$	<u> </u>
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4c	(Code:) (Expenses \$)
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	Otherways as wises (Describe in Calculus O.)	_
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$\frac{\text{including grants of \$}}{100000000000000000000000000000000000	_
<u>4e</u>	Total program service expenses ► 307,929.	Q/
	Form 990 (201	رد

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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			
10	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	10		
••	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		
Б	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•		110		
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	44.		x
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	1 23
4		116	- 25	
'	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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
ıza	Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza	- 21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10h		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_		144		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	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,	10		
"	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	-''		
10	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,"	10		 ^
ıIJ		10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	aomostio governinent on rate ix, column (zij, interes ros, complete conceder, rates rand is	~ I		ı

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AMERICAN CONTRACT BRIDGE LEAGUE

Form 990 (2018)

EDUCATIONAL FOUNDATION

Pa	rt IV Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
		23		Х		
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
2-74	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
		24a		X		
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
		240				
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-				
	any tax-exempt bonds?	24c				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^		
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			- v		
	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,"			7.7		
	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					
	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):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ا		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations?					
	If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34	Х			
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
		38	Х			
Pa	Note. All Form 990 filers are required to complete Schedule O **T 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		5				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
J	(gambling) winnings to prize winners?	10				

Page **5**

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l						
	filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
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 6	O		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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 A					Х		
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			C-		х		
h	any contributions that were not tax deductible as charitable contributions?			6a				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?			6b				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ict?	7e		X		
f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
				9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	مدا	I					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	+					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	140						
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
	amounts due or received from them.)	 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	l .					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v		
	excess parachute payment(s) during the year?			15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		Δ		
	If "Yes," complete Form 4720, Schedule O.			Form	990	(2010)		

58-1733600

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

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 r	nor any related	orga	aniza	ation	COI	mpe	nsat	ted any current officer, o	director, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week		cer ar	iu a u	recio	or/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1000 141100)		and related	
	below	dual	ution	_	Key employee	sst co oyee	-e			organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(1) BARBARA HELLER	1.00										
PRESIDENT		X		Х				0.	0.	0.	
(2) MITCH DUNITZ	1.00										
TREASURER		Х		Х				0.	0.	0.	
(3) JANE CHAMPION	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(4) FLO BELFORD	1.00										
GRANT ADMINISTRATOR		Х						0.	0.	0.	
(5) BETTY STARZEC	1.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(6) BRYAN HOWARD	1.00	ļ									
TRUSTEE		Х						0.	0.	0.	
(7) GREG JOHNSON	1.00	ļ									
TRUSTEE		Х						0.	0.	0.	
(8) JOEL KRAMER	1.00	١								•	
TRUSTEE	1 00	Х						0.	0.	0.	
(9) PAUL CUNEO	1.00	ļ ,,							0	•	
TRUSTEE	1.00	Х						0.	0.	0.	
(10) ELLEN ANTEN	1.00	x						0.	0.	0.	
TRUSTEE TOPP	1.00	^						0.	0.	0.	
(11) ROBERT TODD TRUSTEE	1.00	x						0.	0.	0.	
IRUSIEE	+	^						0.	0.	0.	
		1									
	+										
		1									
		ł									
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		1									
		L	L	L	L	L	L				
		_	_	_	_	_	_				

Pai	t VII Section A. Officers, Directors, Trus	1	ploy	ees			ighe	st C		es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable				
		week					is bot or/trus		compensation from	compensatior from related	1	ar	nount other	OŤ
		(list any	tor						the	organizations		com	pensa	ation
		hours for	or director				peq		organization	(W-2/1099-MIS			om th	
		related	stee o	rustee			beusa		(W-2/1099-MISC)				anizat	
		organizations below	ual tru	ional		ploye	t com	١.					d relat anizati	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l org	ai iiZati	0113
			=		0		T 00	<u> </u>						
			1											
			1											
							<u> </u>							
			1											
			1											
							\vdash							
			1											
							\vdash							
			1											
			1											
	Sub-total								0.		0.			0
	Total from continuation sheets to Part V								0.		0.			0
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0 .
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wh	no r	eceived more than \$100	,000 of reportable	9			(
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	ıste	e ke	v er	mnlc	vee	or	highest compensated e	mnlovee on			100	110
Ū	line 1a? If "Yes," complete Schedule J for s								mgnost compensated c			3		Х
4	For any individual listed on line 1a, is the si													
	and related organizations greater than \$15	•							=	-		4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation '	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
	(A) Name and business	address	NT	INC	7				(B) Description of s	ervices	c)) ompe		n
			111	7141				\dashv	2000p.1101.1 01.0					
								T						
2	Total number of independent contractors (•	ot li	mite	d to		se li: ∩	stec	a above) who received m	nore than				

Pa	rt VI	III Statement of F	Revenue					
		Check if Schedule (O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts I	1 a	a Federated campaigns	1a					
ar our		b Membership dues		52,488.				
S, C		c Fundraising events						
ar		d Related organizations						
ini,	е	e Government grants (cor	ntributions) 1e					
tio S	f	f All other contributions, gift	s, grants, and					
ξĒ		similar amounts not includ	ed above 1f	90,434.				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included	I in lines 1a-1f: \$					
<u>8 0</u>	h	h Total. Add lines 1a-1f .		>	142,922.			
				Business Code				
Program Service Revenue	2 a	a						
	b	b						
	C	c						
gra Re	d	d						
ĵ	е							
		f All other program service						
		g Total. Add lines 2a-2f						
	3	Investment income (incother similar amounts)	,	, , , , , , , , , , , , , , , , , , ,	9,167.			9,167.
	4	Income from investmen			3,101.			3,107.
	5	Royalties	•	' : F				
		noyanes	(i) Real	(ii) Personal				
	6 a	a Gross rents	· ·	(ii) i crooriai				
		b Less: rental expenses						
	l	c Rental income or (loss)						
		d Net rental income or (lo						
	l	a Gross amount from sale		(ii) Other				
		assets other than inven	tory					
	b	b Less: cost or other basi	s					
		and sales expenses						
	c	c Gain or (loss)						
		d Net gain or (loss)						
e	8 a	a Gross income from fund	draising events (not					
en.			of					
Вè		contributions reported	•					
Other Revenue		Part IV, line 18						
₹		b Less: direct expenses						
		Net income or (loss) from						
	9 a	a Gross income from gam						
		Part IV, line 19b Less: direct expenses						
		c Net income or (loss) from						
		a Gross sales of inventory						
		and allowances		,				
	b	b Less: cost of goods sol						
		c Net income or (loss) from						
		Miscellaneous R		Business Code				
	11 a							
	b	<u> </u>						
	c	_						
	d	d All other revenue						
		e Total. Add lines 11a-11						
	12	Total revenue. See instruc	tions	▶	152,089.	0.	0.	9,167.

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	110 710	110 -11		
	and domestic governments. See Part IV, line 21	112,710.	112,710.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	14,409.		14,409.	
C	Accounting	14,403.		14,407.	
d	Lobbying				
e •	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,			+	
g	column (A) amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion				
12 13	Office expenses	108.		108.	
14	Information technology	100.		100.	
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,462.		2,462.	
20	Interest	, = = = =		, = = = =	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,109.		2,109.	
24	Other expenses, Itemize expenses not covered	-			
	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 0.)				
а	OTHER EXPENSES	187,382.	176,389.	10,993.	
b	NABC TOURNAMENT EXPENSE	18,830.	18,830.		
С	ADMINISTRATIVE FEES	1,287.		1,287.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	339,297.	307,929.	31,368.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02001	n 12-31-18				Form 990 (2018)

EDUCATIONAL FOUNDATION Form 990 (2018) Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	195,753.	1	162,985.
	2	Savings and temporary cash investments	580,138.	2	502,605.
	3	Pledges and grants receivable, net	10,294.	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			
छ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	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		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,568.	15	1,630.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	788,753.	16	667,220.
	17	Accounts payable and accrued expenses		17	10,930.
	18	Grants payable	25,792.	18	76,619.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	0.	25	4,169.
	26	Total liabilities. Add lines 17 through 25	25,792.	26	91,718.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	COE OEE		F00 177
au	27	Unrestricted net assets	685,955.	27	502,177.
Bal	28	Temporarily restricted net assets	52,006.	28	48,325.
pu	29	Permanently restricted net assets	25,000.	29	25,000.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
S Q		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	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	762 061	32	575 EAO
_	33	Total net assets or fund balances	762,961.	33	575,502.
	34	Total liabilities and net assets/fund balances	788,753.	34	667,220.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	39,2	<u> 197.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		37,2	08. 61.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5							
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	5	575,502			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	ı	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2t	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?		20	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit				
	Act and OMB Circular A-133?		3		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3k				