(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ 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.

Open to Public

Α	For the	2019 calendar year, or tax year beginning and end	ding		
В	Check if	C Name of organization		D Employer identific	cation number
•		AMERICAN CONTRACT BRIDGE LEAGUE			
	Addres change	EDUCATIONAL FOUNDATION			
	Name change			58-17336	00
F	Initial return	Š	om/suite	E Telephone number	r
	Final return/	6575 WINDCHASE BLVD	,	904-261-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,549,210.
	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527	1	list. (see instructions)
		e: ► N/A		H(c) Group exemption	,
			L Year o		1 State of legal domicile; MS
		Summary		1 22	<u> </u>
		Briefly describe the organization's mission or most significant activities: INCREA	SE A	WARENESS OF	CONTRACT
Activities & Governance		BRIDGE			
na	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets
Ş.		Number of voting members of the governing body (Part VI, line 1a)			12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12
ος O		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		·····	1
itie		Total number of volunteers (estimate if necessary)			0
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
	<u> </u>			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		142,922.	1,527,301.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,167.	20,291.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,618.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		152,089.	1,549,210.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,710.	105,882.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	68,724.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 27,490	•		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,587.	294,513.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		339,297.	469,119.
		Revenue less expenses. Subtract line 18 from line 12		-187,208.	
Net Assets or Find Balances				ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	1	667,220.	1,770,188.
Ass 1 Ba	21	Total liabilities (Part X, line 26)		91,718.	95,938.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		575,502.	1,674,250.
P	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He		PAUL CUNEO, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	BENJAMIN D. COLLINS		if self-employe	P01307180
Pre	parer	Firm's name WATKINS UIBERALL, PLLC	1		62-1804252
	Only	Firm's address 1661 AARON BRENNER DR., STE 300			
		MEMPHIS, TN 38120		Phone no. (9	01) 761-2720
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	INCREASE THE NUMBER OF PEOPLE PLAYING BRIDGE BY PROMOTING BRIDGE	
	EDUCATION	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s 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?	x 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 expense	76
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	and
4-	006 500	
4a	(Code:) (Expenses \$ 296,580 including grants of \$ 105,882 in) (Revenue \$ MAKE GRANTS TO SUPPORT THE PURPOSE OF INCREASING PUBLIC AWARENESS A	ND)
	INSTRUCTING THE PUBLIC ABOUT CONTRACT BRIDGE.	7717
	INSTRUCTING THE PUBLIC ABOUT CONTRACT BRIDGE.	
	10 1 1/2 1 10	
4b	(Code:) (Expenses \$,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	
Tu		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 296,580.	
<u>4e</u>		000 (0010)
	Form 9	990 (2019)

AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION

Form 990 (2019)

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	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		25
4	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	-		
5	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	Ť		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
_	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			١
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	j ,			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1 4	1

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Form 990 (2019)

AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		х
	Schedule K. If "No," go to line 25a	24a		
	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	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Constitute O contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
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		_X_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			٠,,
	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).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			7,7
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	iza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		\ ₃₇
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Forn	000	(2010)

EDUCATIONAL FOUNDATION 58-1733600 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on 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, 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 Х 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? X 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 on 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

Section C. Disclosure

exempt status with respect to such arrangements?

• •	Elst the states with which a copy of this form 350 is required to be filed by
18	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 Another's website Other (explain on Schedule O) Own website

taxable entity during the year?

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records PEYTON DODSON - 662-253-3100

6575 WINDCHASE BLVD., HORN LAKE, MS 38637

List the states with which a copy of this Form 900 is required to be filed

Form **990** (2019)

16a

16b

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NONE

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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B)	(C) Position				1		(D) Reportable	(E) Reportable	(F) Estimated
ivame and title	Name and title Average hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	offi	cer an	d a director/trustee)			tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	stee			ısated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al tru		oyee	эшре		(** = *********************************		and related
	below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
(1)	line)	Ē	lust	Officer	Ke	en Hig	For			
(1) JOEL KRAMER	5.00	X		x				0.	0.	0.
PRESIDENT (2) ROBERT TODD	4.00	╇		^				0.	0.	0.
(2) ROBERT TODD VICE PRESIDENT	4.00	X		x				0.	0.	0.
(3) JANE CHAMPION	2.00	<u> </u>		^				0.	0.	•
SECRETARY	2.00	\mathbf{x}		x				0.	0.	0.
(4) PAUL CUNEO	5.00	 						0.	0.	•
TREASURER	3,00	\mathbf{x}		x				0.	0.	0.
(5) BARBARA HELLER	2.00	╁		-				0.0		
PAST PRESIDENT		x						0.	0.	0.
(6) BRYAN HOWARD	2.00									
GENERAL COUNSEL		X						0.	0.	0.
(7) MITCH DUNITZ	1.00									
DEVELOPMENT CHAIR		X						0.	0.	0.
(8) FLO BELFORD	1.00									
TRUSTEE		Х						0.	0.	0.
(9) BETTY STARZEC	2.00									
TRUSTEE	1 00	Х						0.	0.	0.
(10) GREG JOHNSON	1.00	ļ								•
TRUSTEE	1 00	Х						0.	0.	0.
(11) ELLEN ANTEN	1.00	٠,							_	0
TRUSTEE	1.00	Х						0.	0.	0.
(12) GEESKE JOEL TRUSTEE	1.00	X						0.	0.	0.
(13) KRISTEN FREDERICK	40.00	₽						0.	0.	0.
EXECUTIVE DIRECTOR	40.00	1		x				63,462.	0.	0.
EXECUTIVE DIRECTOR		┼		<u> </u>				03,402.	0.	•
		1								
		1								
		1								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week	(do box offic	Position (do not check more than or box, unless person is both officer and a director/truste) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		ul l	ü	JO.	Ke	宝ぁ	요			
1b Subtotal								63,462.	0	
c Total from continuation sheets to Part V								0.	0	
d Total (add lines 1b and 1c)							<u> </u>	63,462.	0	. 0.
2 Total number of individuals (including but n	iot ilmited to th	iose	IISTE	ea ai	DOV	e) wi	no re	eceived more than \$100	,000 of reportable	C
compensation from the organization										Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ghest compensated emp		3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				5 X
Section B. Independent Contractors									4400.000. f	
 Complete this table for your five highest co the organization. Report compensation for 	-	-							•	Sation from
(A)								(B)		(C)
Name and business	address	N	INC	3				Description of s	services	Compensation
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received n	nore than	
Too, soc of compensation from the organi										Form 990 (2019)

Form 990 (2019)

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Officer if Goricadic O Contains a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
					Total Tovolido	function revenue		
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
ira		b	Membership dues 1b					
Ę,			Fundraising events 1c					
ifts ar /			Related organizations 1d		-			
nii,								
Sir			Government grants (contributions) 1e		-			
ĒĖ		Ť	All other contributions, gifts, grants, and	F07 201				
호된			***	527,301.				
da		g	Noncash contributions included in lines 1a-1f 1g \$					
a C		h	Total. Add lines 1a-1f		1,527,301.			
				Business Code				
Q)	2	а						
vic.	_	b						
Ser								
Z Z		C						
gra Re		d						
Program Service Revenue		е						
ъ.		f	All other program service revenue					
		g	Total. Add lines 2a-2f)				
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)	>	20,291.			20,291.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
	Ū		(i) Real	(ii) Personal				
	6	_		(.,,				
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	. <u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses7b					
en		_	Gain or (loss) 7c		-			
Revenue			(/					
Ϋ́	_		Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
δ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	ı				
		b	Less: direct expenses 8b	1				
		С	Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		h	Less: direct expenses 9b	+	-			
				<u> </u>				
	40		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10					
		b	Less: cost of goods sold10l)				
		С	Net income or (loss) from sales of inventory .)				
S				Business Code				
on e	11	а	MISC INCOME	713990	1,618.	1,618.		
nue		b			1			
Miscellaneous Revenue		C						
Re			All other revenue					
Σ			All other revenue		1,618.			
		е	Total. Add lines 11a-11d			1 610	0	20 201
	12		Total revenue. See instructions	<u></u>	1,549,210.	1,618.	0.	20,291.

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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	105,882.	105,882.		
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,	62.460	6 000	00 100	05 400
	trustees, and key employees	63,462.	6,872.	29,100.	27,490
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	5,262.		5,262.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	20,881.		20,881.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	49,174.		49,174.	
13	Office expenses	4,012.		4,012.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,750.		6,750.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,929.		5,929.	
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	185,059.	163,442.	21,617.	
b	NABC TOURNAMENT EXPENSE	20,384.	20,384.		
С	ADMINISTRATIVE FEES	215.		215.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	469,119.	296,580.	145,049.	27,490
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)				

Part X Balance Sheet

Ра	IL A	Charle if Cabadula C contains a response or	note to any line in this Dort V			
		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		162,985.	1	612,196.
	2	Savings and temporary cash investments		502,605.	2	901,238.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	250,000.	
	5	Loans and other receivables from any currer				·
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of			5	
Assets	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descr			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	4,368.
		Land, buildings, and equipment: cost or other				,
		basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - order securities. See Part IV, I		13		
	14			14		
	15	Intangible assetsOther assets. See Part IV, line 11	1,630.	15	2,386.	
	16	Total assets. Add lines 1 through 15 (must e		667,220.	16	1,770,188.
	17	Accounts payable and accrued expenses		10,930.	17	8,312.
	18	Grants payable and accided expenses		76,619.	18	66,043.
	19	Deferred revenue		7070251	19	00,0101
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
(0	22	Loans and other payables to any current or			-	
Liabilities		trustee, key employee, creator or founder, so				
ii		controlled entity or family member of any of			22	
Ľ.	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax			27	
	23	parties, and other liabilities not included on I				
		of Schedule D	illes 17-24). Complete Fait X	4,169.	25	21,583.
	26	Total liabilities. Add lines 17 through 25		91,718.		95,938.
	20	Organizations that follow FASB ASC 958,		31/1101	20	3373301
es		and complete lines 27, 28, 32, and 33.	CHECK HEIE			
anc anc	27	Net assets without donor restrictions		502,177.	27	1,602,416.
3ali	28	Net assets with donor restrictions		73,325.	28	71,834.
힏	20	Organizations that do not follow FASB AS		7373231	20	7170311
Ξ		and complete lines 29 through 33.	C 936, Check here			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current fur	ade.		29	
ets	29	Paid-in or capital surplus, or land, building, o			30	
Ass	30				31	
et/	31	Retained earnings, endowment, accumulate		575,502.	31	1,674,250.
Z	32	Total liabilities and not assets fund balances		667,220.	33	1,770,188.
	33	Total liabilities and net assets/fund balances	·	001,220	აა	T, 770, 100.

or audits, explain why on 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	1,			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2				19.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		57	5,5	02.
5	Net unrealized gains (losses) on investments	5		1	8,6	57.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	67	4,2	50.
Pa	t 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?		L	2a		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?		L	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:		- 1			
	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?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C). [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Auc	dit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		lit			