Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| Α | For the | ∘ 2022 calendar year, or tax year beginning and ∈ | ending | | |
|---------------|----------------------------|--|--------------|------------------------------|-------------------------------|
| | Check if applicable | C Name of organization AMERICAN CONTRACT BRIDGE LEAGUE | | D Employer identific | cation number |
| | Addre: chang | S CUADITOU ECUNDATION | | | |
| | Name chang | | | 58-14086 | 71 |
| | Initial return Final | - G | Room/suite | E Telephone number 662-253- | r |
| | return/ termin | | | | 208,423. |
| | ated Amend | City or town, state or province, country, and ZIP or foreign postal code HORN LAKE, MS 38637 | | G Gross receipts \$ | |
| | return Applic | | | H(a) Is this a group re | |
| | tion pendir | F Name and address of principal officer: ROSS CONES | | for subordinates | |
| | - | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o | | 1 ' | list. See instructions |
| | Websit | | | H(c) Group exemptio | |
| K D | art I | organization: X Corporation Trust Association Other Summary | L Year | of formation: 1904 N | 1 State of legal domicile; MS |
| - | | - | VCDI C | שאסדייט פרוואוו | \ |
| é | 1 | Briefly describe the organization's mission or most significant activities: $\ rac{	extstyle 	$ | | | |
| and | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispose | | 1 1 | sers. 5 |
| 30 | 3 | | | 3 | 5 |
| ø | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 |
| Activities & | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 0 |
| ţį | 6 | Total number of volunteers (estimate if necessary) | | | 0. |
| Ac | /a | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | B | Net unrelated business taxable income from Form 990-1, Part 1, line 11 | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 900. | 5,670. |
| ine | 9 | | | 134,741. | 86,372. |
| Revenue | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 5,360. | 396. |
| Be | 11 | 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) | | 141,001. | 92,438. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 5,000. | 41,000. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| pen | b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| Ä | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 29,845. | 26,731. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 34,845. | 67,731. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 106,156. | 24,707. |
| o. | ß | | Be | ginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 772,626. | 804,311. |
| Ass | 21 | Total liabilities (Part X, line 26) | | 0. | 6,978. |
| Net | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 772,626. | 797,333. |
| | art II | Signature Block | | | |
| Unc | ler pena | lties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | nts, and to the best of my | knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of whi | ich preparer | has any knowledge. | |
| | | | | | |
| Sig | n | Signature of officer | | Date | |
| He | re | RUSS JONES, TREASURER | | | |
| | | Type or print name and title | | | T == |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | | JOSH MASTERS | 1 | 1/06/23 self-employ | |
| | parer | Firm's name LANDMARK PLC, CPAS | | Firm's EIN 7 | 1-0355269 |
| Use | Only | Firm's address P. O. BOX 10148 | | , . | EO) 404 5546 |
| | | FORT SMITH, AR 72917-0148 | | Phone no. (4 | 79) 484-5740 |
| Ma | y the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Par | Till Statement of Program Service Accomplishments | 77 |
|------------|--|-----------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: THE ACBL CHARITY FOUNDATION SEEKS TO IMPROVE THE QUALITY OF LIFE I | · N.T |
| | | IN |
| | ALL OUR COMMUNITIES BY PROVIDING EFFECTIVE GRANTS ON A ROTATIONAL | |
| | BASIS THROUGH ITS 25 DISTRICTS, BY PROVIDING GOOD STEWARDSHIP IN T | |
| | MANAGEMENT OF FUNDS RECEIVED THROUGH ITS CHARITY GAMES, ASSESING A | עע |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | . |
| | | Yes X No |
| | If "Yes," describe these new services on Schedule O. | v |
| 3 | · / /1 · · · · · · · · · · · · · · · · · | 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 expen | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense | es, and |
| | revenue, if any, for each program service reported. | 6 272 |
| 4a | | 36,372. |
| | DISTRIBUTED FUNDS TO VARIOUS ORGANIZATIONS FOR CHARITABLE, SCIENTI | FIC, |
| | AND LITERARY PURPOSES. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| -10 | (Vode:) (Expenses # | |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| <u>4</u> e | Total program service expenses 41,000. | |
| | | orm 990 (2022) |

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Form 990 (2022)

Page 3 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)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 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 Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2022)

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NW216771

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

AMERICAN CONTRACT BRIDGE LEAGUE

| Form 990 (2 | | FOUNDATION | 58-1408671 | Page 4 |
|-------------|----------------------------------|--------------------|------------|--------|
| Part IV | Checklist of Required Sch | edules (continued) | | |

| 22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), in e.2? If Yes,** complete Schedule I, Parts I and 8 III. 24 Did the organization answer Yes* to Part VII, Section A, lind 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensation of 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 Schedule X, If Yio,** go not line 25e. 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax exempt bonds are returning escove at any time during the year to detasse any tax exempt bonds? 27 Did to the organization invest as an 'no health of 'issuer for bonds outstanding principal amount of meyor than detastion and the second of the organization and the complex of the organizations. Did the organization and the second of the organization and the detastion of the organization with a disqualified person during the year? If Yes,' complete Schedule I, Part II 28 Did the organization answer that it engagged in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule I, Part II Yes,' complete Sche | | | | Yes | No |
|---|-----|---|-----|-----|-----|
| 23 Dit the organization answer "Yes" to Part VII Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, furstees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, Part IV 24a Dit 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 22th though 24d and complete Schedule K. If "No," ye to line 25a Schedule K. If "No," ye to line 25a Schedule K. If "No," ye to line 25a Did the organization marks and proceeds of Exercise proceeds on any tax-exempt bonds? If the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? If the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? If the organization area is an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization was any tax exempts and the second outstanding at any time during the year to defease any tax-exempt bonds? If the organization was any tax is the proper second outstanding at any time during the year to defease any tax-exempts any time during the year? If the organization was any tax is the proper second outstanding at any time during the year to defease any tax-exempts any time during the year to defease any tax exempts any time during the year to defease any tax exempts any time during the year to defease any tax exempts any time during the year? If the organization any time during the year to defease any time and the year. If the organization has area to a transpart and the ye | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 1989. 23 | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| Schedule / Law and day of the year. Hat was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax evempt bonds beyond a temporary period exception? d Did the organization marks an escreva account other than a refunding escrev at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization account that a tempage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that the graged in an excess benefit transaction has not been reported on any of the organization's prior Forms 800 or 908-27; If "Yes," complete Schedule L, Part I 25b X 25b Did the organization are sport any amount on Part X, line 6 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 for family mamber of any of these persons? If "Yes," complete Schedule L, Part II 26a X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator and former, or to a 59% controlled entity (including an employee thereof) or family memb | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 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 "Yea," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrive vaccount other than a refunding escrive at any time during the year to deflease any tax-exempt bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 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 sprior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I and the transaction with a disqualified person in a prior year, and that the transaction shall not be 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 former officer, director, trustee, key employee, cr | | Schedule J | 23 | | X |
| Schedule K. If "No." go to fine 25a | 24a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrive account other than a refunding secrive at any time during the year to defease any tax-exempt bonds? 24d | | | | | ,, |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501c(x)3, 501c(x)4, and 501c(x)20 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 X b Is the organization exaver 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 cF2? if "Yes," complete Schedule L, Part I 25b X 8b Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables 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 25b X 2c Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables 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 \$5% controlled entity (including an employee thereof) or family member of any of these persons? if "Yes," complete Schedule L, Part III 27c X 28c X 27c X 28c X | | | | | X |
| any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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 I., Part I 25a | | | 24b | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 258 Section 501(23), 501(24), and 501(26) and 501(26) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 258 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 is prior forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 258 X Zeb Did the organization proof 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 27 X Zeb 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 or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X Zeb Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fining thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I III 31 X 32 Did the organization inqui | С | , , , | 240 | | |
| 25a 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 X 15 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-E27 (If "Yes," complete Schedule L, Part I 25b X 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 any correct or founder, substantial contributor or or former officer, director, trustee, key employee, creator or founder, substantial contributor or or moley consider or founder, substantial contributor or employee thereof) or family member of any of these persons? (If "Yes," complete Schedule L, Part III 27 X 28 28 28 27 28 28 28 28 | Ч | | | | |
| 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 sport proms 990 or 990-EZ? If "Yes," complete Schedule I, Part I | | | | | |
| 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 sprior Forms 980 or 990-E27 (if "Yes," complete Schedule L, Part I) 250 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 | | | 25a | | х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part II 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 I, Part II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part II 27 X 28 Was the organization or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28b X 29 A Carrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part II 31 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part II 31 X 32 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule II, Part II, III, or IV, and Part V, line I 34 X 35 Did the orga | b | , , , | | | |
| Schedule L, Part I 25b X 2 2 2 2 2 2 2 2 2 | | | | | |
| 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 | | , , | 25b | | Х |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X X S A family member of any individual described in line 28a? 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 X X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X X X X X X X X X | 26 | , , , , , , , , , , , , , , , , , , , | | | |
| 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 | | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? " "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? " # 28a | | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable flight presholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Ly and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part II. 33 A 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organi | 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
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| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? "Yes," complete Schedule L, Part IV A 3596 controlled entity of one or more individual and and/or organizations described in line 28a or 28b? "Yes," complete Schedule L, Part IV 28b X 28b X 28b X A 3596 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? Bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? Bid the organization liquidate, terminate, or dissolve and cease operations? Bid the organization indiquidate, terminate, or dissolve and cease operations? Bid the organization indiquidate, terminate, or dissolve and cease operations? Bid the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? Bid the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? Bid the organization related to any tax-exempt or taxable entity? Bif "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Bid the organization have a controlled entity within the meaning of section 512(b)(13)? Bid the organization have a controlled entity within the meaning of section 512(b)(13)? Bid the organization have a controlled entity within the meaning of section 512(b)(13)? Bid the organization solid the organization make any transfers to an exempt non-charitable related organization? Bid 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? Bid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Bid the or | 28 | | | | |
| "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 32 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization base a controlled entity within the meaning of section 512(b)(13)? 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 Statements Regarding Other IRS Fillings 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 ap | | | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 30 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b User organization sold 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 35c 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 35b Wash 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 37o Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, | а | | | | 7.7 |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 II 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)? 35a 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 35b 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 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11b and 19? Note: All Form 990 filers are required to complete Schedule O The complete Schedule O contains a response or note to any line in this Part V Yes No Tate the number reported in box 3 of Form 1096. Enter 0- if not applicable De Enter the number of Forms W-2G included on line 1a. Enter 0- if not applicable De Enter the number o | | | | | |
| "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 | | | 280 | | |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 | C | | 280 | | x |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 | | | | |
| contributions? If "Yes," complete Schedule M 30 | | • | | | |
| 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 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 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0 if not applicable 1a 2 1b 0 0 b Enter the number of Forms W-2G included on line 1a. Enter -0 if not applicable 1b 0 0 1b 0 1b 0 1b 0 1b 0 1b 0 1b 0 1 | - | | 30 | | х |
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| Schedule N, Part II 32 | 32 | | | | |
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| Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| 1a 1a 2 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | Check if Schedule O contains a response or note to any line in this Part V | | | I |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | - | | |
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232004 12-13-22

Form **990** (2022)

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 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | 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 | | | |
| | 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). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | 37 |
| _ | 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). | _ | | v |
| | 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 | | X |
| | 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 | 7. | | Х |
| لہ | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7c | | Α |
| | • | 7e | | Х |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 6 | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 9 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 <u>9</u> 7h | | |
| 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. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | 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 | | | |
| 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.) | | | |
| | 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 13b | - | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 140 | | Х |
| | | 14a 14b | | 21 |
| 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 140 | | |
| .5 | excess parachute payment(s) during the year? | 15 | | х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| - | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes." complete Form 6069. | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line da, da, or rob bolow, decorbed the circumstances, proceeded, or orianged on contradictions. | | | |
|-----|--|-------|---------|-----|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 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. | | | |
| 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 | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3_ | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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 | | |
| 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 on 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? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on 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 | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 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) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | 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 JENNIFER WEBSTER - 662-253-1151 | | | |
| | 6575 WINDCHASE BLVD, HORN LAKE, MS 38637 | | | |

Page **7**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| X Check this box if neither the organization (A) | (B) | (C) | | (D) | (E) | (F) | | | | | |
|--|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------|---------------|--|
| Name and title | Average | | | Pos | itior | ı | | Reportable | Reportable | Estimated | |
| Name and title | hours per | (do | not c | heck | more | than o | one | compensation | compensation | amount of | |
| | week | offi | cer ar | nd a d | lirecto | or/trus | tee) | from | from related | other | |
| | (list any | tor | | | | | | the | organizations | compensation | |
| | hours for | direc | | | | - E | | organization | (W-2/1099-MISC/ | from the | |
| | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization | |
| | organizations | Individual trustee or director | Institutional trustee | | oyee | ad mc | | 1099-NEC) | , | and related | |
| | below | idual | ution | e e | Key employee | est co | le. | | | organizations | |
| | line) | Indiv | Instit | Officer | Key 6 | Highest compensated employee | Former | | | | |
| (1) NANCY STROHMER | 0.00 | | | | | | | | | | |
| PRESIDENT | | Х | | | | | | 0. | 0. | 0. | |
| (2) JACKIE ZAYAC | 0.00 | | | | | | | - | - | | |
| VICE PRESIDENT | | х | | | | | | 0. | 0. | 0. | |
| (3) RUSS JONES | 0.00 | + | | | | \vdash | | " | | - | |
| TREASURER | 0.00 | X | | | | | | 0. | 0. | 0. | |
| (4) CINDY SHOEMAKER | 0.00 | ^ | | | | _ | | 0. | 0. | · • | |
| | 0.00 | . | | | | | | | _ | _ | |
| TRUSTEE & MEMBER | 0.00 | Х | | | | _ | | 0. | 0. | 0. | |
| (5) JAMES STERNBERG | 0.00 | ┨ | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. | |
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Form 990 (2022)

| ı aı | Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | | ' | | | |
|------|--|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------------|----------------------------------|-----------|--------------|-------|
| | (A) | (B) | | | | (C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | (do not check more than one | | | | | | Reportable | Reportable | Estimated | | |
| | | hours per | box | , unles | ss per | rson i | is both or/trus | an | compensation | compensation | 1 | ount o | of |
| | | week (list any | | | | | 1 33 | , | from the | from related | 1 | other | tion |
| | | hours for | direct | | | | _ | | organization | organizations (W-2/1099-MISC/ | | oensatom the | |
| | | related | e or (| stee | | | satec | | (W-2/1099-MISC/ | 1099-NEC) | 1 | anizati | |
| | | organizations | truste | al tru: | | yee | ım per | | 1099-NEC) | , | 1 ~ | l relate | |
| | | below | Individual trustee or director | Institutional trustee | er | key employee | est cc oyee | ıeı | , | | orga | nizatio | ons |
| | | line) | Indiv | Instii | Officer | Key 6 | Highest compensated employee | Former | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | 0 | | | _ |
| | Subtotal | | | | | | | | 0. | 0. | | | 0. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | 0.0 | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | | | · | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d ar | ove | e) wn | o re | eceived more than \$100, | 000 of reportable | | | 0 |
| | compensation from the organization | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director trust | 00 k | ·0\/ 0 | mnl | 01/0 | 0 Or | hio | host componented ampl | 0,400 00 | | 100 | 110 |
| 3 | line 1a? If "Yes," complete Schedule J for s | • | | • | • | • | | _ | • | • | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | 3 | | |
| 7 | and related organizations greater than \$150 | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | - | | |
| Ū | rendered to the organization? If "Yes," com | • | | | | • | | | • | | 5 | | Х |
| Sec | tion B. Independent Contractors | ipiete Scrieduli | <i>5 0 1</i> 0 | JI SU | ICI I | Jers | <u> </u> | | | | 1 0 | | |
| 1 | Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | actor | s th | nat received more than \$ | 100,000 of compens | ation fro | m | |
| | the organization. Report compensation for | | | | | | | | | | • | | |
| | (A) | , | | | | | | | (B) | | (C | ;) | |
| | Name and business | address | N | ONE | <u> </u> | | | | Description of s | ervices | Comper | | 1 |
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| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | ot lin | nited | to t | _ | | ted | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the organization | zation | | | | (|) | | | | | | |
| | | | | | | | | | | | Form 9 | 990 (2 | 2022) |

Part VIII Statement of Revenue

| | | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
|--|----|----------|---|--------------------|---------------------|-------------------|------------------|---------------------------------|
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 | _ | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | | | | |
| ij g | | | | | | | | |
| fts, Ar | | | | | | | | |
| ig gi | | | | | | | | |
| ns, Sim | | | Government grants (contributions) 1e | | | | | |
| utio er (| | Ť | All other contributions, gifts, grants, and | F 670 | | | | |
| έŧ | | | similar amounts not included above 1f | 5,670. | | | | |
| ont od (| | _ | Noncash contributions included in lines 1a-1f | | F 670 | | | |
| <u>0</u> <u>8</u> | | h | Total. Add lines 1a-1f | T | 5,670. | | | |
| | | | CAMEG | Business Code | 06 272 | 06 272 | | |
| ce | 2 | а | GAMES | 713990 | 86,372. | 86,372. | | |
| e vi | | b | | | | | | |
| Sc | • | С | | | | | | |
| ran Sev | | d | | | | | | |
| Program Service Revenue | • | е | | | | | | |
| ď | 1 | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | 86,372. | | | |
| | 3 | | Investment income (including dividends, interest | est, and | | | | |
| | | | other similar amounts) | | 1,794. | | | 1,794. |
| | 4 | | Income from investment of tax-exempt bond p | oroceeds | | | | |
| | 5 | | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | |
| | | | Less: rental expenses 6b | | | | | |
| | | С | Rental income or (loss) 6c | | | | | |
| | | | Net rental income or (loss) | | | | | |
| | | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a 114,587. | | | | | |
| | | b | Less: cost or other basis | | | | | |
| <u>o</u> | | _ | and sales expenses 7ь 115, 985. | | | | | |
| her Revenue | | c | Gain or (loss) 7c -1,398. | | | | | |
| ev. | | | Net gain or (loss) | | -1,398. | | | -1,398. |
| er F | | | Gross income from fundraising events (not | | =, = ; | | | _, =, = |
| Oth | | u | including \$ of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | | | | | |
| | | h | Less: direct expenses 8b | | | | | |
| | | | | 'IL | | | | |
| | | | Net income or (loss) from fundraising events Gross income from gaming activities. See | | | | | |
| | 9 | а | 5 5 | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | · I | | | | |
| | | | Net income or (loss) from gaming activities | T | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10a | | | | | |
| | | | Less: cost of goods sold10k | • | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | | |
| က္ | | | | Business Code | | | | |
| eon Te | 11 | а | | | | | | |
| lan | I | b | | | | | | |
| Miscellaneous Revenue | | С | | | | | | |
| Mis | | d | All other revenue | | | | | |
| | | е | Total. Add lines 11a-11d | | | | | |
| | 12 | | Total revenue. See instructions | | 92,438. | 86,372. | 0. | 396. |

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must compl | | | | |
|-----------|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | | | (0) | |
| | 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 | 41,000. | 41,000. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| 3 | 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 | | | | | |
| 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 (nonemployees): | | | | |
| a | Management | 6,994. | | 6,994. | |
| b | Legal | | | | |
| С | Accounting | 13,795. | | 13,795. | |
| 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 0.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 25. | | 25. | |
| 14 | Information technology | 900. | | 900. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 19 20 | | | | | |
| 21 | Interest Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 23 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 | MISCELLANEOUS EXPENSE | 5,017. | | 5,017. | |
| b | | | | | <u></u> |
| c | | | | | |
| d | All ables as a second | | | | |
| | All other expenses Add lines 1 through 34e | 67,731. | 41,000. | 26,731. | 0 |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 01,131. | ±1,000• | 20,131• | |
| 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) | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2022 |

Part 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 | | 1 | |
| | 2 | Savings and temporary cash investments | 622,833. | 2 | 727,062. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | 0. |
| | 5 | Loans and other receivables from 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| δ | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | 33,395. | 7 | 77,249. |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ğ | 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 | | 10c | |
| | 11 | Investments - publicly traded securities | 115,985. | 11 | 0. |
| | 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 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 772,626. | 16 | 804,311. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | <u>0.</u> | 18 | 6,978. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ě | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 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 | | 25 | 6 000 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 6,978. |
| v | | Organizations that follow FASB ASC 958, check here | | | |
| Š | | and complete lines 27, 28, 32, and 33. | 772 626 | | 707 222 |
| <u>a</u> | 27 | Net assets without donor restrictions | | 27 | 797,333. |
| Ä | 28 | Net assets with donor restrictions | | 28 | |
| Ē | | Organizations that do not follow FASB ASC 958, check here | | | |
| Ϋ́ | | and complete lines 29 through 33. | | | |
| ţ | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 707 222 |
| Se | 32 | Total net assets or fund balances | | 32 | 797,333. |
| | 33 | Total liabilities and net assets/fund balances | 772,626. | 33 | 804,311. |

Form **990** (2022)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

| Form | 1 990 (2022) CHARITY FOUNDATION | 58-14 | 08671 | Pag | ge 12 |
|------|--|-----------|-------|-----|--------------|
| 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 | | 2,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 7,7 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 24 | 1,7 | 07. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 772 | 2,6 | 26. |
| 5 | Net unrealized gains (losses) on investments | 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 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 | 791 | 7,3 | <u>33.</u> |
| Pa | rt 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 on Schedule | e O. | | | |
| 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 | 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? | | 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 the | 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 on Sch | nedule O. | | | |

Form 990 (2022)

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

AMERICAN CONTRACT BRIDGE LEAGUE Name of the organization CHARITY FOUNDATION

Employer identification number 58-1408671

| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | | |
|------|-------|---|------------------------------|--|-------------------------------------|---------------------------------|---------------------------------------|----------------------------|--|
| he (| organ | zation is not a private found | ation because it is: (F | or lines 1 through 12, cl | neck only o | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describe | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | '0(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | lly receives a substar | ntial part of its support fr | om a gove | rnmental ı | unit or from the general p | oublic described in | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Part | t II.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | nction with a land-grant | college | |
| | | or university or a non-land-o | rant college of agricu | ulture (see instructions). | Enter the r | name, city, | , and state of the college | or | |
| | | university: | | , | | | • | | |
| 10 | X | An organization that norma | lly receives (1) more | than 33 1/3% of its supp | ort from co | ontribution | ns, membership fees, and | d gross receipts from | |
| | | activities related to its exem | npt functions, subject | t to certain exceptions; a | and (2) no i | more than | 33 1/3% of its support fr | om gross investment | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acquir | red by the organization a | fter June 30, 1975. | |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | - | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sat | ety. See | section 50 | 9(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform th | ne functior | ns of, or to carry out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section 509(a)(3). C | Check the box on | |
| | | lines 12a through 12d that | describes the type of | supporting organization | and comp | olete lines | 12e, 12f, and 12g. | | |
| а | | Type I. A supporting orga | * * | | • | | · · · · · · · · · · · · · · · · · · · | giving | |
| | | the supported organization | on(s) the power to rec | gularly appoint or elect a | majority o | f the direc | tors or trustees of the su | pporting | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organization(s), by hav | ing | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame persor | ns that cor | ntrol or manage the supp | oorted | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | · | | | | |
| С | | Type III functionally inte | • | | in connect | ion with, a | and functionally integrate | d with, | |
| | | its supported organization | n(s) (see instructions) | You must complete F | Part IV, Se | ctions A, | D, and E. | , | |
| d | | Type III non-functionally | | | | | | ation(s) | |
| | | that is not functionally int | egrated. The organiz | ation generally must sati | sfy a distri | bution req | uirement and an attentiv | reness | |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | |
| е | | Check this box if the orga | anization received a v | vritten determination from | m the IRS | that it is a | Type I, Type II, Type III | | |
| | | functionally integrated, or | Type III non-function | nally integrated supporting | ng organiza | ation. | , , , , , , , , , , , , , , , , , , , | | |
| f | Ente | r the number of supported o | | | | | | | |
| g | | ride the following information | - | | | | | | |
| | (|) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | |
| | | | | | | | | | |
| | | | i l | | l l | | l | | |

| (i) Name of supported | (ii) EIN | (iii) Type of organization | in your govern | ing document? | (v) Amount of monetary | (vi) Amount of other |
|--------------------------------|-----------------------|--|----------------|---------------|----------------------------|----------------------------|
| organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| Total | | | | | | |
| LHA For Paperwork Reduction Ac | t Notice see the Inst | ructions for Form 990 o | r 990-F7 | 222021 12 | 00.22 Sche | dule A (Form 990) 2022 |

58-1408671 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization |
|---|
| fails to qualify under the tests listed below, please complete Part III.) |

| Sed | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------------------------|---------------------------------------|-----------------------------|---------------------------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| • | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | | | | | | | |
| _ | Public support. Subtract line 5 from line 4. | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | (a) 2010 | (b) 2019 | (6) 2020 | (u) 2021 | (e) 2022 | (i) iotai |
| _ | | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| _ | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| _ | organization, check this box and stor | here | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | % |
| | Public support percentage from 2021 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2022. If the | organization did no | ot check the box of | n line 13, and line | 14 is 33 1/3% or m | ore, check this b | oox and |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2021. If the | organization did no | ot check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check | this box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10 | % or more, |
| | and if the organization meets the fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the orga | nization |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 | is 10% or |
| | more, and if the organization meets the | ne facts-and-circum | nstances test, che | ck this box and st | t op here. Explain i | n Part VI how th | е |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qua | alifies as a publicly | supported organiz | zation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | |
| _ | · · · · · · · · · · · · · · · · · · · | · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · | · · · · · · · · · · · · · · · · · · · | · |

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Se | quality under the tests listed by | elow, please comp | iete Part II.) | | | | |
|-----|--|----------------------|----------------------|-----------------------|---------------------|----------------------|-----------------------|
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | . , | ` , | , | , , | , , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 13,001. | 9,026. | 4,566. | 900. | 5,670. | 33,163. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 274,675. | 291,467. | 51,680. | 134,741. | 86,372. | 838,935. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | 200 | 200 402 | F. G. 0.1.6 | 125 611 | 00.010 | |
| | Total. Add lines 1 through 5 | 287,676. | 300,493. | 56,246. | 135,641. | 92,042. | 872,098. |
| 78 | A Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 872,098. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 287,676. 15,982. | 300,493. 13,178. | 56,246. 9,583. | 135,641. 5,261. | 92,042. | 872,098. 45,798. |
| ŀ | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 15,982. | 13,178. | 9,583. | 5,261. | 1,794. | 45,798. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 303,658. | 313,671. | 65,829. | 140,902. | 93,836. | 917,896. |
| 14 | First 5 years. If the Form 990 is for the | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | | | olumn (f)) | | 15 | 95.01 % |
| | Public support percentage from 2021 | | | | | 16 | 94.78 % |
| | ction D. Computation of Inves | | | | | | 4 00 |
| | Investment income percentage for 20 | | | | | 17 | $\frac{4.99}{5.22}$ % |
| | Investment income percentage from 2 | | | | | 18 | , - |
| 198 | a 33 1/3% support tests - 2022. If the | | | | | | 7 is not |
| k | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a l | box on line 14, 19a | , or 19b, check th | is box and see inst | ructions | |

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|----------------|--------|------|
| | | |
| | | |
| 1 | | |
| | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3a | | |
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| 3b | | |
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| ıle A (Forn | n 990) | 2022 |

| Pai | t IV Supporting Organizations (continued) | | | |
|-----|---|------------|-------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| _ | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | · | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0 | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | l ' l | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | _ | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | C 1 | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| a | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

NW216771

Schedule A (Form 990) 2022

| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
|--------|---|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. |
| | |

| Section | A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|-------------|--|----|----------------|--------------------------------|
| 1 N | et short-term capital gain | 1 | | |
| 2 R | ecoveries of prior-year distributions | 2 | | |
| 3 C | ther gross income (see instructions) | 3 | | |
| 4 A | dd lines 1 through 3. | 4 | | |
| 5 D | epreciation and depletion | 5 | | |
| 6 P | ortion of operating expenses paid or incurred for production or | | | |
| С | ollection of gross income or for management, conservation, or | | | |
| n | naintenance of property held for production of income (see instructions) | 6 | | |
| | ther expenses (see instructions) | 7 | | |
| 8 A | djusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section | n B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 A | ggregate fair market value of all non-exempt-use assets (see | | | |
| ir | structions for short tax year or assets held for part of year): | | | |
| a A | verage monthly value of securities | 1a | | |
| b A | verage monthly cash balances | 1b | | |
| c F | air market value of other non-exempt-use assets | 1c | | |
| d T | otal (add lines 1a, 1b, and 1c) | 1d | | |
| e D | iscount claimed for blockage or other factors | | | |
| (6 | explain in detail in Part VI): | | | |
| 2 A | cquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 S | ubtract line 2 from line 1d. | 3 | | |
| 4 C | ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| S | ee instructions). | 4 | | |
| 5 N | et value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 N | fultiply line 5 by 0.035. | 6 | | |
| 7 R | ecoveries of prior-year distributions | 7 | | |
| 8 N | linimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | n C - Distributable Amount | | | Current Year |
| 1 A | djusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 E | nter 0.85 of line 1. | 2 | | |
| 3 N | linimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 E | nter greater of line 2 or line 3. | 4 | | |
| 5 Ir | come tax imposed in prior year | 5 | | |
| 6 D | istributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| e | mergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | | I T | |

Schedule A (Form 990) 2022

instructions).

58-1408671 Page 7

| Par | t v Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | <u>ued) </u> | |
|-----------|---|-------------------------------|---------------------------------------|------------------|---|
| Secti | on D - Distributions | | | , | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9_ | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | I | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | |
| <u>i_</u> | Carryover from 2017 not applied (see instructions) | | | | |
| <u>j_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2022 distributable amount | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| <u>a</u> | Excess from 2018 | | | | |
| <u>b</u> | Excess from 2019 | | | | |
| c | Excess from 2020 | | | | |
| <u>d</u> | Excess from 2021 | | | | |
| <u>e</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12: |
|---------|---|
| | Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C. |
| | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

AMERICAN CONTRACT BRIDGE LEAGUE Name of the organization CHARITY FOUNDATION

Employer identification number 58-1408671

| Pai | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | unds or Ac | counts. Comple | ete if the |
|-----|--|--|-----------------------------|-----------------------|--------------------|
| | organization answered Tes on Form 990, Part IV, iiii | (a) Donor advised funds | | (b) Funds and other | |
| 1 | Total number at end of year | (a) Berief daviesa farias | ' | (b) i ando and other | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | | or advised fund | ds. | |
| _ | are the organization's property, subject to the organization's | _ | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| _ | for charitable purposes and not for the benefit of the donor o | | | | |
| | | | • | _ | Yes No |
| Par | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | |
| | Preservation of land for public use (for example, recrea | tion or education) Preserv | ation of a histo | orically important la | nd area |
| | Protection of natural habitat | Preserva | ation of a certi | fied historic structu | ire |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in th | e form of a co | | |
| | day of the tax year. | | | Held at the E | nd of the Tax Year |
| | Total number of conservation easements | | | 2a | |
| | | | | 2b | |
| | Number of conservation easements on a certified historic str | | | 2c | |
| d | Number of conservation easements included in (c) acquired a | | | | |
| _ | historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated | by the organi | zation during the ta | ı X |
| | year | tis la sala d | | | |
| 4 | Number of states where property subject to conservation eas | | line of | | |
| 5 | Does the organization have a written policy regarding the per | | | | Yes No |
| 6 | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | | | ······ — | |
| U | Stan and volunteer riours devoted to monitoring, inspecting, | Hariding of Violations, and emorcin | ig conservatio | in easements duning | Julie year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing co | nservation ea | sements during the | vear |
| | | | | g | , |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section | on 170(h)(4)(B) | (i) | |
| | and section 170(h)(4)(B)(ii)? | | | 2.2 | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial | statements that | at describes the | |
| | organization's accounting for conservation easements. | | | | |
| Par | t III Organizations Maintaining Collections of | f Art, Historical Treasures, | or Other S | imilar Assets. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue state | ement and bala | ance sheet works | |
| | of art, historical treasures, or other similar assets held for public | olic exhibition, education, or resear | ch in furtherar | nce of public | |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes the | se items. | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statemer | nt and balance | e sheet works of | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research | in furtherance | e of public service, | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | |
| | | | | • | |
| 2 | If the organization received or held works of art, historical tre | | inancial gain, _l | provide | |
| | the following amounts required to be reported under FASB A | - | | • | |
| | Revenue included on Form 990, Part VIII, line 1 | | | | |
| | Assets included in Form 990, Part X | | | | (Farm 000) 0000 |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | 5 IUI FUIIII 99U. | | Schedule D | (Form 990) 2022 |

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

NW216771

| Part III | Organizations | Maintaining Co | ollections of Art | t, Historica | l Treasures, o | or Other Similar As |
|----------|-----------------|----------------|-------------------|--------------|----------------|---------------------|
| | (Form 990) 2022 | <u> </u> | FOUNDATION | • | | 58- |
| | | AMERICAN | CONTRACT | PKIDGE | LEAGUE | |

| | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, or | Othe | r Sim | ilar Assets | (conti | nued) | ugo |
|---------|--|---------------------------------|-------------|---------------|-----------------------|-----------|------------------|-----------------|-----------|---------|----------|
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the | following that | make s | ignifica | nt use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | ι 🔲 ι | Loan or exc | hange progra | ım | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | ey further th | ne organizatio | n's exer | npt pui | pose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | of art, his | torical trea | sures, or othe | r similar | assets | ; | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the | organizatio | n answered " | Yes" on | Form | 990, Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing ta | able: | | | | | A m a | | |
| | | | | | | | \ <u></u> | | Amoun | ι | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | d | | | |
| e • | Distributions during the year | | | | | | | e f | | | |
| f 20 | Ending balance Did the organization include an amount on Fe | | | | | | | 1 | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | ity? | | _ res | | NO |
| Par | | | | | | | 10 | | | | |
| | | (a) Current year | | rior year | (c) Two year | | | ee years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | , , , , , | ` , | | ,,,, | | , | | , | | |
| | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g | , column (a |)) held as: | • | | | | | |
| а | Board designated or quasi-endowment | • | _% | | | | | | | | |
| b | Permanent endowment | % | _ | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion that | are held a | nd administer | ed for th | ne | | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | itions listed as requir | ed on Sc | chedule R? | | | | | 3b | | <u> </u> |
| 4 | Describe in Part XIII the intended uses of the | | wment fu | unds. | | | | | | | |
| Par | | | | | | 5 | | | | | |
| | Complete if the organization answered | 1 | | | T I | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | | t or other (other) | | ccumu preciat | | (d) Boo | k valu | ie |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| | Other | | | | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colum | n (B), line 1 | 0c.) | | | | | | 0. |

Schedule D (Form 990) 2022

| | ~ | NIKACI BRIDGE | | EO 1400671 |
|--------------|--|----------------------------|--|----------------------------|
| | (Form 990) 2022 CHARITY FOU | NDATION | | 58-1408671 Page |
| Part VII | | 5 000 D 1 N 1 I' | 141 O E 000 B 1 V II 10 | |
| | Complete if the organization answered "Yes" | _ | | |
| (a) Descrip | otion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | r end-of-year market value |
| (1) Financia | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | Investments - Program Related. | <u> </u> | | |
| | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | r end-of-vear market value |
| | (a) Besonption of investment | (b) Book value | (b) Mothed of Valdation. Cost of | Cha or your market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
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| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) lin | o 15) | | |
| Part X | Other Liabilities. | o 10.) | | 1 |
| | Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line | e 25. |
| | (a) Description of liability | | | (b) Book value |
| 1. (1) Foo | | | | (2) DOOK VAIAC |
| | deral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | 1 |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(9)

Schedule D (Form 990) 2022

31, 2022.

THAT IT DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION

Employer identification number 58-1408671

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| RESPONDING TO EMERGING AND CHANGING NEEDS AS DEFINED BY THE MEMBERSHIP. |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE TREASURER REVIEWS AND APPROVES THE 990 BEFORE IT IS FILED |
| FORM 990, PART VI, SECTION C, LINE 19: |
| ACBL CHARITY FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND OTHER GOVERNING |
| DOCUMENTS AVAILABLE UPON REQUEST. |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| Name of the organization | AMERICAN CONTRACT BRIDGE LEAGUE | Employer identification number |
|--------------------------|---------------------------------|--------------------------------|
| | CHARITY FOUNDATION | 58-1408671 |
| | | |

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) | (b) | (c) | (d) | (e) | (f) |
|---|---------------------------------------|---|-------------------------|-----------------------|------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| | | | | | |
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| | | | | | |
| Identification of Related Tax-Exempt Organizations during the tax year. | tions. Complete if the organization a | nswered "Yes" on Form 990, I | Part IV, line 34, becau | se it had one or more | related tax-exempt |
| (a) | (b) | (c) | (d) | (e) | (f) (Seation |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | | g) 512(b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|-----|------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| THE AMERICAN CONTRACT BRIDGE LEAGUE, INC | | | | | | | |
| 13-0430330, 6575 WINDCHASE BLVD, HORN LAKE, | TO PROMOTE AND SUSTAIN THE | | | | | | |
| MS 38637 | GAME OF BRIDGE | MISSISSIPPI | 501(C)(4) | | | | X |
| AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL | | | | | | | |
| FOUNDATION - 58-1733600, 6575 WINDCHASE | TO INCREASE AWARENESS OF | | | | | | |
| BLVD, HORN LAKE, MS 38637 | CONTRACT BRIDGE | MISSISSIPPI | 501(C)(3) | LINE 10 | | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

OMB No. 1545-0047

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | 1 | h) | (i) | (j) | (k) |
|--|------------------|--------------------------------|--------------------|--|----------------|-----------------------------|---------------------------|----|-----------------|---------|------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or | Direct controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total | Share of end-of-year assets | Disproporti allocation | | | General | Percentage |
| | | foreign country) | | sections 512-514) | | assets | Yes | No | K-1 (Form 1065) | Yes N | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | ction b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|-----|------------------------------------|
| | | , | | | | | | Yes | No |
| | | | | | | | | | |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| b Gift, grant, or capital contribution to related organization(s) | | | | | 1b | | _X_ |
|--|-----------------------|---|---------------------------------|--|-------------|--------|------|
| | | | | | _ | | X |
| d Loans or loan guarantees to or for related organization(s) | | | | | 1d | Х | |
| e Loans or loan guarantees by related organization(s) | | | | | 1e | | X |
| | | | | | | | |
| f Dividends from related organization(s) | | | | | 1f | | _X_ |
| g Sale of assets to related organization(s) | | | | | 1g | | _X_ |
| h Purchase of assets from related organization(s) | | | | | 1h | | X |
| i Exchange of assets with related organization(s) | | | | | 1i | | _X_ |
| j Lease of facilities, equipment, or other assets to related organiz | :ation(s) | | | | . <u>1j</u> | | X |
| k Lease of facilities, equipment, or other assets from related orga | inization(s) | | | | 1k | | X |
| Performance of services or membership or fundraising solicitation | | | | | | | X |
| m Performance of services or membership or fundraising solicitation | - | | | | | Х | |
| n Sharing of facilities, equipment, mailing lists, or other assets wit | | | | | | | X |
| | | | | | | | X |
| | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | 1p | | X |
| q Reimbursement paid by related organization(s) for expenses | | | | | 1q | | X |
| | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | | 1r | | X |
| s Other transfer of cash or property from related organization(s) | | | | | 1s | | X |
| 2 If the answer to any of the above is "Yes," see the instructions f | for information on wh | o must complete th | is line, including covered rela | ationships and transaction thresholds. | | | |
| (a) Name of related organization | | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount | nvolved | | |
| (1) | | | | | | | |
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| (2) | | | | | | | |
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| (3) | | | | | | | |
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| (5) | | | | | | | |
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| (6) | | | | <u> </u> | | 000; | |
| 232163 09-14-22 | | 20 | | Schedu | le R (Forr | n 990) | 2022 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
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Schedule R (Form 990) 2022

AMERICAN CONTRACT BRIDGE LEAGUE

| Schedule R | (Form 990) 2022 | CHARITY | FOUNDATION | 58 | 8-1408671 | Page 5 |
|------------|--------------------------------------|---------------------|---|---------------------------------------|-----------|--------|
| Part VII | (Form 990) 2022 Supplemental Info | rmation | | | | |
| | | | es to questions on Schedule R. See instru | ctions | | |
| | 1 TOVIGE GGGHIOTIGI IITIOTI | nation for response | to questions on concade 11. See motio | otiono. | | |
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) AMERICAN CONTRACT BRIDGE LEAGUE print CHARITY FOUNDATION 58-1408671 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 6575 WINDCHASE BLVD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 38637 HORN LAKE, MS Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JENNIFER WEBSTER • The books are in the care of ▶ 6575 WINDCHASE BLVD - HORN LAKE, MS 38637 Telephone No. ► 662-253-1151 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning ___ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

223841 04-01-22

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.