

Short Form Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning JUL 01, 2017, and ending JUN 30, 2018

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: AMERICAN CONTRACT BRIDGE LEAGUE
Number and street (or P.O. box, if mail is not delivered to street address): C/O DEBBIE AVERY 1010 W UNION
City or town: CHAMPAIGN State: IL ZIP code: 61821
Foreign country name: Foreign province/state/country: Foreign postal code: 01

D Employer identification number: 37-6151675
E Telephone number: 217-356-5782
F Group Exemption Number: 7

G Accounting Method: [X] Cash [] Accrual Other (specify) _____

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: _____
J Tax-exempt status (check only one) [] 501(c)(3) [X] 501(c)(7) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 33,900.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

SCANNED DEC 13 2018 Revenue

Table with 21 rows and 2 columns. Rows include Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, gaming and fundraising events, gross sales of inventory, other revenue, total revenue, grants and similar amounts paid, benefits paid, salaries, professional fees, occupancy, printing, other expenses, total expenses, excess or deficit, net assets at beginning/end of year.

Handwritten note: 11/28/16

Handwritten numbers: 66 24

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,012.	22 68,287.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	73,012.	25 68,287.
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,012.	27 68,287.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? EDUCATION OF ADULT AND YOUTH
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 DIRECT SUPPORT OF YOUTH EDUCATION CREATING ONLINE COURSES SEMINARS DIRECTLY IMPACTING MATH SCIENCE AND LOGIC RELATED ACTIVITIES (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a
29 FUNDING OF SEMI MONTHLY WIDELY USED ONLINE PUBLICATION REACHING BOTH MEMBER AND NON MEMBERS IN A WORLD WIDE PROMOTION OF LOGICAL THINKING (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a
30 MEMBER SUPPORT FOR LOCAL AND COMMUNITY RESOURCES AND MEMBER REPRESENTATION TO THE NATIONAL ORGANIZATION HOSTING NATIONAL EVENTS WITHIN THE DI (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL CARMEN PRESIDENT	HAWK 5		0	
JAY COLEMAN VICE PRESIDENT	HAWK 1		0	
MARTHA LEARY CHAIRMAN OF THE BOARD	HAWK 1		0	
PAUL HARTKE DIRECTOR	HAWK 1		0	
TERRY GOODYKOONTZ DIRECTOR	HAWK 1		0	
PAM AMES DIRECTOR	HAWK 1		0	
MARILYN CROFT DIRECTOR	HAWK 1		0	
ARDYTHE EDWARDS DIRECTOR	HAWK 1 0		0	
RON SHOLES DIRECTOR	HAWK 1		0	
LINDA SEIBERT DIRECTOR	HAWK 1		0	
JOHN PREE DIRECTOR	HAWK 1		0	
DEBBIE ROMERO DIRECTOR	HAWK 1			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37 b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter		
39 a	Initiation fees and capital contributions included on line 9. 39a 0		
39 b	Gross receipts, included on line 9, for public use of club facilities. 39b 0		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40 b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40 c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
40 d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
40 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ DEBORAH AVERY Telephone no. ▶ 217-356-5782 Located at ▶ 1010 W UNION city CHAMPAIGN ST IL ZIP+4 ▶ 61821		
42 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42 c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44 b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44 c	Did the organization receive any payments for indoor tanning services during the year?		X
44 d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'HMK'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Entry for KAREN WALKER, EDITING, 4,750.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here: Signature of officer MICHAEL CARMEN, Date PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name DEBORAH AVERY, Preparer's signature DEBORAH AVERY, Date 07/25/2018, PTIN P00362377, Firms name TAX SHOP LLC, Firms address 2108 W JOHN CHAMPAIGN IL 61821-

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

AMERICAN CONTRACT BRIDGE LEAGUE

Employer identification number

37-6151675

OTHER EXPENSES

SEE ATTACHED OTHER EXPENSE SHEET FOR DETAILED EXPLANATION

OF LINE 16 AMOUNTS CLAIMED