



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: AMERICAN CRIBBAGE CONGRESS

Number and street (or P O box, if mail is not delivered to street address): 8102 S LEGEND DR

Room/suite: _____

City, town, or country: FRANKLIN State: WI ZIP + 4: 53132

D Employer identification number: 56-1275233

E Telephone number: (414) 427-4595

F Group Exemption Number: ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶ _____

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

I Website: ▶ WWW.CRIBBAGE.ORG

J Tax-exempt status (check only one)— 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 156,673

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

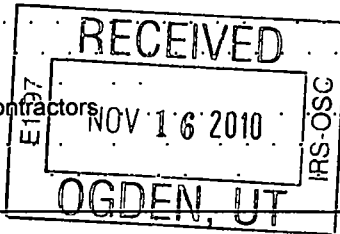
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	54,744
	3	Membership dues and assessments	3	96,565
	4	Investment income	4	544
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe <u>▶ ADVERTISING</u>)	8	4,820	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	156,673	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	45,000
	13	Professional fees and other payments to independent contractors	13	375
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	61,904
	16	Other expenses (describe <u>▶ See Attached Statement</u>)	16	50,730
17	Total expenses. Add lines 10 through 16	17	158,009	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,336
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	139,003
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	137,667

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	136,003	22 135,167
23 Land and buildings		23
24 Other assets (describe <u>▶ See Attached Statement</u>)	3,000	24 2,500
25 Total assets	139,003	25 137,667
26 Total liabilities (describe <u>▶</u>)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,003	27 137,667

SCANNED DEC 06 2010



23P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>Promotion of the game of Cribbage.</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Administration of Membership in the organization, administration of programs to encourage the play of Cribbage privately, and administration of tournament play including sanctioning (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,527
29	Issuance and publication of monthly magazine to over 7,000 members promoting competitive private play and tournament play of the game of Cribbage (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	59,592
30	 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	125,119

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Patrick Barrett 5821 Griffith Ave Wisconsin Rapids WI 54494	Title Dir/Tourn Comm Hr/WK 1 - 5	3,600	0	0
David Campbell 1321 North Rd Parsonfield ME 04047	Title Dir/Tourn Comm Hr/WK 1 - 5	2,100	0	0
Larry Hassett 729 W Union St Roseburg OR 97470	Title Dir/Secty Hr/WK 1 - 5	7,200	0	0
Roy Hofbauer 30937 NE 23rd St Washougal WA 98671	Title Dir/Tourn Comm Hr/WK 1 - 5	5,400	0	0
Marlene Lazachek 8102 S Legend Dr Franklin WI 53132	Title Treas/Stats Hr/WK 1 - 5	4,200	0	0
Joan Rein PO Box 306 Carver MN 55315	Title Dir/Tourn Comm Hr/WK 1 - 5	7,200	0	0
David Aiken 9548 28th St SE Ada MI 49301	Title Dir/CW Editor Hr/WK 1 - 5	7,200	0	0
Diane Waite 6651 Lower 12th St N Oakdale MN 55128	Title Web-Master Hr/WK 1 - 5	3,600	0	0
Don Brown 6001 Avenida De Castillo Long Beach CA 90803	Title Director Hr/WK 1 - 5	0	0	0
David Clemmey PO Box 596 Mansfield MA 02048	Title Director Hr/WK 1 - 5	0	0	0
Annett Eiffert PO Box 3243 Citrus Heights CA 95611	Title Director Hr/WK 1 - 5	0	0	0
Charlie Finley 16 Carol St Enfield CT 06082	Title Director Hr/WK 1 - 5	0	0	0
Roland Hall 4026 Heather Lane Napa CA 94558	Title Director Hr/WK 1 - 5	0	0	0
Sharon Hejtmanek 830 Hart St Missoula MT 59801	Title Director Hr/WK 1 - 5	0	0	0
Jeanne Hofbauer 30937 NE 23rd St Washougal WA 98671	Title Director Hr/WK 1 - 5	0	0	0
Robert Julian 9002 W Highland Park Ave #220 Franklin WI 53132	Title Director Hr/WK 1 - 5	0	0	0
Ron Logan Sr 46566 Tamarac Loop Ronan MT 59864	Title Director Hr/WK 1 - 5	0	0	0
Herschel Mack 581 School Rd Mckinleyville CA 95519	Title Director Hr/WK 1 - 5	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	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. ▶		
42a	The organization's books are in care of ▶ MARLENE LAZACHEK Telephone no ▶ (414) 427-4595 Located at ▶ 8102 S LEGEND DR City FRANKLIN ST WI ZIP + 4 ▶ 53132		
42b	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization a section 527 organization? 49b

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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ .00	0	0	0

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

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

Sign Here 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.

Marlene Lazachek 11/10/10
 Signature of officer Date
MARLENE LAZACHEK TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature <i>James R. Schneider, CPA</i>	Date 11/9/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) P00273709
Firm's name (or yours if self-employed), address, and ZIP + 4 James R. Schneider, CPA 4455 N. 143rd Street, Brookfield, WI 53005-1639	EIN	Phone no (262) 781-6543	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Robert Milk 10405 Warren Rd Glen Allen VA 23060	Title Director Hr/WK 1 - 5	0	0	0
Catherine Perkins 1030 Barker Rd Bear Creek NC 27207	Title Director Hr/WK 1 - 5	0	0	0
Larry Phifer 703 Benchmark Dr Raleigh NC 27615	Title Director Hr/WK 1 - 5	0	0	0
Todd Schaefer 6651 Lower 12th St N Oakdale MN 55128	Title Director Hr/WK 1 - 5	0	0	0
Phyllis Schmidt 95 Nutmeg Lane Williamstown MA 01267	Title Director Hr/WK 1 - 5	0	0	0
Jeff Shimp 13723 Lincoln St Grand Haven MI 49417	Title Director Hr/WK 1 - 5	0	0	0
Wayne Steinmetz 6604 N 58th St Milwaukee WI 53223	Title Director Hr/WK 1 - 5	0	0	0
Valerie Sumner 90 Cercle de la Cerese Sparks NV 89434	Title Director Hr/WK 1 - 5	0	0	0
Fred White 743 Kahoa Dr Kailua HI 96734	Title Director Hr/WK 1 - 5	0	0	0
Keith Widener 4081 Craver Land Rd Clemmons NC 27012	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part I, Line 8 (990-EZ) - Other Revenue

4,820

Description		Amount
1	ADVERTISING	4,820
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part I, Line 16 (990-EZ) - Other Expenses

50,730

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	6,442
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Awards	13	32,416
14	Tournament Supplies	14	3,393
15	Internet Access and Hosting	15	945
16	Cribbadeer General Program	16	133
17	National Committee, Statistician and Tournament	17	115
18	Promotion and Marketing	18	1,095
19	Insurance	19	1,122
20	Officers and Directors Expense	20	1,433
21	ACC Treasurer Expenses	21	270
22	Bank Charges	22	399
23	ACC Statistician Expenses	23	508
24	Web Page Expense	24	702
25	Grand National Subsidy	25	1,000
26	Miscellaneous	26	757
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

3,000

2,500

	Description	Beginning	End
1	ADVANCE - CW EDITOR	500	0
2	ADVANCE - MEMBERSHIP SECRETARY	2,500	2,500
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			