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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

**A - For the 2011 calendar year, or tax year beginning** Jul 1 , 2011, **and ending** Jun 30 , 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN CRIBBAGE CONGRESS</b>	<b>D</b> Employer identification number <b>56-1275233</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>8102 S LEGEND DR</b>	<b>E</b> Telephone number <b>(414) 427-4595</b>
	City or town, state or country, and ZIP + 4 <b>FRANKLIN WI 53132</b>	<b>F</b> Group Exemption Number

**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 (ck only one) -  501(c)(3)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

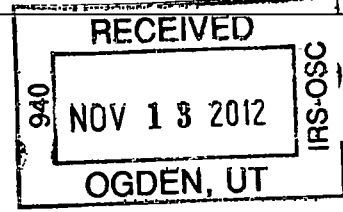
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **160,918.**

**Part II 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

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	57,343.
	<b>3</b> Membership dues and assessments	<b>3</b>	99,844.
	<b>4</b> Investment income	<b>4</b>	171.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
	<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	3,560.
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	160,918.
EXPENSES	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	45,000.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	4,375.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	61,785.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	54,454.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	165,614.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-4,696.
	ASSETS	<b>19</b> 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)	<b>19</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		<b>21</b>	143,432.



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**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	145,628.22	140,932.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,500.24	2,500.
25 Total assets	148,128.25	143,432.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,128.27	143,432.

**Part III Statement of Program Service Accomplishments** (see the instrs 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? Promotion of the game of Cribbage

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 and section 4947(a)(1) trusts, optional for others)

Line	Description	Expenses
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 68,779.
29	Issuance and publication of monthly magazine to over 6,700 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 60,066.
30	----- (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)	32 128,845.

**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 address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Patrick Barrett 5821 Griffith Ave Wisconsin Rapids WI 54494	Dir/Tourn Comm 3.00	3,600.	0.	0.
David Campbell 1321 North Road Parsonsfield ME 04047	Dir/Tourn Comm 3.00	3,600.	0.	0.
Larry Hasset 729 W Union St Roseburg OR 97470	Membership Secty 3.00	7,200.	0.	0.
Roy Hofbauer 30937 NE 23rd St Washougal WA 98671	Dir/Tourn Comm 4.00	5,400.	0.	0.
Marlene Lazachek 8102 S Legend Dr Franklin WI 53132	Treas/Stats 5.00	7,200.	0.	0.
Joan Rein PO Box 306 Carver MN 55315	Grass Roots Comm 5.00	7,200.	0.	0.
David Aiken 9548 28th St SE Ada MI 49301	Dir/CW Editor 5.00	7,200.	0.	0.
Diane Waite 6651 Lower 12th St N Oakdale MN 55128	Web Master 5.00	7,200.	0.	0.
Paul Barnes 2900 N Atlantic Ave #806 Daytona Beach FL 32118	Director 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt	Employees Stmt			

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 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
35a 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	
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	X	
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		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 <input type="text" value="37a"/> 0.		
b 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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 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		X
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 <input type="text"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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 <input type="text"/>		

42a The organization's books are in care of MARLENE LAZACHEK Telephone no (414) 427-4595  
 Located at 8102 S LEGEND DR FRANKLIN WI ZIP + 4 53132

	Yes	No
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 <input type="text"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 <input type="text"/>		X

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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

	Yes	No
46		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 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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: *Marlene Lazachek* Date: 11/8/12  
 Type or print name and title: MARLENE LAZACHEK

**Paid Preparer Use Only**  
 Print/Type preparer's name: James R Schneider  
 Preparer's signature: *James R Schneider, CPA* Date: 11/7/12  
 Check  if self-employed PTIN: P00273709  
 Firm's name: James R. Schneider, CPA  
 Firm's address: N96W17695 Riversbend Cir W Ste 102 Germantown WI 53022-6417  
 Firm's EIN: 27-4622548 Phone no: (262) 251-7832

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



Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

<u>ADVERTISING</u>	<u>3,560.</u>
<b>Total</b>	<b><u>3,560.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<u>Supplies</u>	<u>3,464.</u>
<u>Awards</u>	<u>38,331.</u>
<u>Tournament Supplies</u>	<u>1,637.</u>
<u>Internet Access and Hosting</u>	<u>550.</u>
<u>Cribadier General Program</u>	<u>1,744.</u>
<u>National Committee, Statistician &amp; Tournament</u>	<u>98.</u>
<u>Promotion &amp; Marketing</u>	<u>2,887.</u>
<u>Insurance</u>	<u>1,122.</u>
<u>Officers and Directors Expense</u>	<u>93.</u>
<u>ACC Treasurer Expenses</u>	<u>337.</u>
<u>Bank Charges</u>	<u>11.</u>
<u>ACC Statistician Expenses</u>	<u>458.</u>
<u>Software</u>	<u>2,250.</u>
<u>Grand National Subsidy</u>	<u>752.</u>
<u>Miscellaneous</u>	<u>720.</u>
<b>Total</b>	<b><u>54,454.</u></b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Don Brown</u> <u>6001 Avenida De Castillo</u> <u>Long Beach CA 90803</u> Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Annett Eiffert</u> <u>4960 Arboleda Dr</u> <u>Fair Oaks CA 95628</u> Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Charlie Finley</u> <u>16 Carol St</u> <u>Enfield CT 06082</u> Foreign City Foreign Country	- Title Director Hours/Week 1.00	- - 0.	- - 0.	- - 0.
Title Director Hours/Week 1.00	0.	0.	0.	
Title Director Hours/Week 1.00	0.	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Roland Hall 4026 Heather Lane Napa CA 94558 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Don Hannula 911 Front St Lake Linden MI 49945 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Sharon Hejtmanek 830 Hart St Missoula MT 59801 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Jeanne Hofbauer 30937 NE 23rd St Washougal WA 98671 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Ron Logan 4410 W Nine Iron Ln Meridian ID 83646 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Bob Milk 10405 Warren Rd Glen Allan VA 23060 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Dave O'Neil 1069 Texel Lane Clarkston GA 30021 Foreign City Foreign Country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Catherine Perkins 1030 Barker Road Bear Creek NC 27207 Foreign City Foreign Country	Title Director Hours/Week 1.00	0.	0.	0.



Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Keith Widener 4081 Craver Land Rd Clemmons NC 27012 Foreign City _____ Foreign Country _____	Title Director Hours/Week 1.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
Advance: Membership Secretary	2,500.	2,500.
Total	<u>2,500.</u>	<u>2,500.</u>