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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

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 or town, state or province, country, and ZIP or foreign postal code: FRANKLIN WI 53132

D Employer identification number: 56-1275233

E Telephone number: (414) 427-4595

F Group Exemption Number: _____

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

I Website: WWW.CRIBBAGE.ORG

J Tax-exempt status (check only one) - 501(c)(3), 501(c)(4), 4947(a)(1) or 527

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

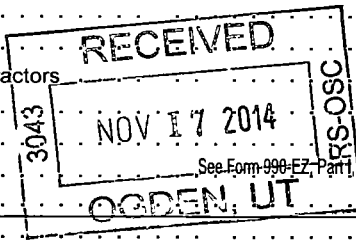
K Form of organization: Corporation, Trust, Association, Other

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. \$ 165,598.

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

1	Contributions, gifts, grants, and similar amounts received	1	2,000.
2	Program service revenue including government fees and contracts	2	60,044.
3	Membership dues and assessments	3	99,574.
4	Investment income	4	30.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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	
8	Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	3,950.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	165,598.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	47,700.
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	64,417.
16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	58,796.
17	Total expenses. Add lines 10 through 16	17	171,288.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,690.
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	147,561.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	141,871.



SCANNED DATE NOV 13 2014

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

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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	145,061.	139,371.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,500.	2,500.
25 Total assets	147,561.	141,871.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,561.	141,871.

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? 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)

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"/>	28 a	67,373.
29 Issuance and publication of monthly magazine to over 6,400 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"/>	29 a	61,347.
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O). (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	128,720.

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 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 Dir/Tourn Comm	3.00	3,600.	0.	0.
David Campbell Dir/Tourn Comm	3.00	3,600.	0.	0.
Larry Hasset Membership Secty	6.00	7,200.	0.	0.
Roy Hofbauer Dir/Tourn Comm	5.00	5,400.	0.	0.
Marlene Lazachek Treas/Stats	6.00	7,200.	0.	0.
Joan Rein Grass Roots Comm	6.00	7,200.	0.	0.
David Aiken Dir/CW Editor	6.00	7,200.	0.	0.
Diane Waite Web Master	3.00	3,600.	0.	0.
Peggy Shea Director/Secretary	2.00	300.	0.	0.
Paul Gregson Grass Roots IT	3.00	2,400.	0.	0.
Tom Cookman Director	1.00	0.	0.	0.
Annett Eiffert Director	1.00	0.	0.	0.
Willie Evans Director	1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key 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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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, and section 4955
40b 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?
40c 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.
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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 FRANKLIN WI ZIP +4 53132

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 46 Yes No X

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 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Yes No

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

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 W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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.

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 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: [Handwritten Signature] Date: 11/13/14 Type or print name and title: MARLENE LAZARNEK TREASURER

Paid Preparer Use Only Print/Type preparer's name: James R. Schneider Preparer's signature: [Handwritten Signature] Date: 11/12/14 Check self-employed: [X] 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)

Advertising Revenue	3,950.
Total	3,950.

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)

Supplies	4,621.
Awards	36,208.
Tournament Supplies	1,338.
Internet Access and Hosting	467.
Cribadier General Program	2,315.
National Committee, Statistician & Tournament Promotion and Marketing	224.
Insurance	2,541.
Officers and Directors Expense	1,481.
ACC Treasurer Expenses	549.
Bank Charges	408.
ACC Statistician Expenses	65.
Equipment and Software	365.
Grand National Subsidy	4,463.
Archivist Expenses	2,246.
Miscellaneous	0.
Total	1,505.

Form 990-EZ, Page 2, Part IV

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

(a) Name and title	(b) 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
Business. <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Charlie Finley</u> Title . Director	1.00	0.	0.	0.
Business. <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Richard Frost</u> Title . Director	1.00	0.	0.	0.
Business. <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Roland Hall</u> Title . Director	1.00	0.	0.	0.
Business. <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Don Hannula</u> Title . Director	1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

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

(a) Name and title	(b) 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
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Jeanne Hofbauer</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Ron Logan</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Bill Medeiros</u> Title . Director	1.00	0.	0.	0.
Business.. <input type="checkbox"/> Person.. <input checked="" type="checkbox"/> <u>Bob Milk</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Dave O'Neil</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Larry Phifer</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Bruce Sattler</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Todd Schaefer</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Phyllis Schmidt</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Jeff Shimp</u> Title . Director	1.00	0.	0.	0.
Business.. <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Wayne Steinmetz</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Valerie Sumner</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Keith Widener</u> Title . Director	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>