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DLN: 93493118009047

OMB No 1545-0047

Open to Public

Department of the Treasury

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

**Return of Organization Exempt From Income Tax** 

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

interna	ii Kevei	nue Servic	re l					
			lendar year, or tax year begin  C Name of organization	ning 10-01-2015 , and ending 09-30	-2016	D Empl	over ic	lentification number
	dress d	oplicable hange	NATIONAL ASSOCIATION OF BASK	KETBALL COACHES			-	
_	me cha	-	% STEPHANIE WHITCHER Doing business as			31-1	6261	59
	ıtıal retu	ım	NABC					
Fii etum/	nal 'termina	ated		if mail is not delivered to street address) Rooi	m/suite	E Telepl	none nu	ımber
	ended		1111 MAIN STREET STE 1000			(816	) 878	-6222
Apı	plication	n pending	City or town, state or province, of KANSAS CITY, MO 64105	country, and ZIP or foreign postal code		<b>G</b> Gross	receipt	s \$ 7,509,722
			<b>F</b> Name and address of prin	ıcıpal officer	н	(a) Is this a grou	n retu	rn for
			JIM HANEY 1111 MAIN STREET SUITE	= 1000		subordinates		⊤ Yes 🗸
			KANSAS CITY, MO 64105		,	No ( <b>b)</b> Are all subord	dinate	•
[ Ta:	x-exem	pt status	501(c)(3) <b>4</b> 501(c)(6)	◀ (insert no ) 4947(a)(1) or 52	- 1	ıncluded?		l les l Mo
W	ebsite	:► WW	/W NABC COM		H(	II NO, attac (c) Group exemp		t (see instructions) umber ▶
<b>∢</b> Fom	n of org	janization	✓ Corporation	ociation		Year of formation 1		M State of legal domicile KS
		·						
Pa	rt I		mary					
		•	scribe the organization's miss EDULE O	ion or most significant activities				
ψ.								
	_							
E	2 (	heck th	us hox • 🗀 if the organization	n discontinued its operations or dispos	sed of mo	ore than 25% of it	 ts net	assets
Governance			is box 7   If the organization	, albeenemada ke operatione or alepec	,	310 than 23 % 31 h	.5 1160	
ø	3 N	lumber	of voting members of the gove	rning body (Part VI, line 1a)			3	27
Activities &	<b>4</b> N	lumber	of independent voting member	rs of the governing body (Part VI, line	1b) .		4	27
			• •	ın calendar year 2015 (Part V, line 2a	•		5	13
Ac	l		•	fnecessary)			6	21
				Part VIII, column (C), line 12			7a	41,167
	b Ne	et unreia	ated business taxable income	from Form 990-T, line 34	<del></del>	Dries Vees	<b>7</b> b	Current Year
	8	Contri	ibutions and grants (Part VIII	lung 1h)	-	Prior Year	,028	101,028
Ġ	9		am service revenue (Part VIII	4,788		3,895,543		
Ravenue	10	=	tment income (Part VIII, colu		,784	114,197		
æ	11		•	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,839	,135	3,398,954
	12		revenue—add lines 8 through	11 (must equal Part VIII, column (A)	, line	9,821	,768	7,509,722
	13	12)	e and cimilar amounts haid (D	art IX, column (A), lines 1-3)		6	,600	35,700
	14		·	rt IX, column (A), line 4)			0	
	15		·	oyee benefits (Part IX, column (A), lin		2 222	040	2.106.206
Expenses		5-10)	•			2,333		2,186,396
( <del>)</del>	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)	· ·		0	
짚	ь		ındraısıng expenses (Part IX, column	• • • • • • • • • • • • • • • • • • • •	-  -			
	17			(A), lines 11a-11d, 11f-24e)	_	7,233		5,374,879
	18 19		·	must equal Part IX, column (A), line 2 ne 18 from line 12	· —	9,573	,391	7,596,975
8 8						eginning of Current		End of Year
Net Assets or Fund Balances								
ASS 1Ba	20		assets (Part X, line 16)		·  -	4,387		4,480,834
Z Z	21 22		liabilities (Part X, line 26) .	act line 21 from line 20	⊢	4,386	789	181,612
	t II		ature Block	act line 21 from line 20	•	1,300	,,,,	1,233,222
Jnde ny kr	r pena nowled	Ities of ge and	perjury, I declare that I have belief, it is true, correct, and c	examined this return, including accom complete Declaration of preparer (oth				
лера	ıcı IId	o ally Ki	nowledge					
		****				2017-05-15		
Sign		y Signa	ature of officer			Date		
Here	•		HANEY EXECUTIVE DIRECTOR or print name and title					
		<b>y</b>	Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	ł		1ichael J Engle	Michael J Engle		Check If self-employed	P004	182834
	a pare	r [	Firm's name ► BKD LLP		•	Firm's EIN ▶		
	Onl	1 -	irm's address 🟲 1201 Walnut Suite 1	1700		Phone no (81	.6) 221-	-6300

Kansas City, MO 641062246

Form 990 (2015)

	990 (2015)			Page <b>3</b>
Par	t 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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	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	3		No
	Section 501(c)(3) organizations.  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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts $VII,VIII$ , $VIII,IX$ , or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form			Page <b>4</b>	
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Yes

Yes

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

instructions for applicable filing thresholds, conditions, and exceptions)

31

36

37

Par	t V	<b>Statements Regarding Other IRS Filings and Tax Complianc</b> Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule O contains a response of flote to any line in this	rait	<u>v</u>		Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	36		163	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to		tors and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	<b>1</b> c		
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	1.3			
	,	s return	2a	13	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	163	
За		e organization have unrelated business gross income of \$1,000 or more during		,	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> i		<i>'</i>	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc			4-		
	accou	nt)?			4a		No
b		s," enter the name of the foreign country					
	See in	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	k and l	Financial Accounts			
5a	•	·' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t					No
			cux 511	refeer cransactions	5b		-110
С	ттХе	s," to line 5a or 5b, did the organization file Form 8886-T?			<b>5</b> c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a	Yes	
		ızatıon solicit any contributions that were not tax deductible as charitable cont					
b		s," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts	6b	Yes	
7		not tax deductible?			OD	165	
	_	e organization receive a payment in excess of \$75 made partly as a contributi	on an	d nartly for goods and	7a		
		es provided to the payor?		· · · ·	, u		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	ed?	<b>7</b> b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to	7c		
d		rm 8282?	 7d		70		
-	11 10	sy maleate the number of forms 3232 med during the year. I. I. I. I.	,				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
а	Ifthe	organization received a contribution of qualified intellectual property, did the o	raanız	zation file Form 8899 as			
	requir	ed <sup>7</sup>			<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did 1	the organization file a	7h		
8		oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bu	sines	s holdings at any time			
	auring	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	<b>9</b> b		
10	Section	on 501(c)(7) organizations. Enter					
		cion fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	<b>10</b> b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	441				
	agains	st amounts due or received from them)..........[	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	see the instructions for	13a		
h		the amount of reserves the organization is required to maintain by the states	ı		134		
,		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

orm	990 (2015)					Page
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					[
Se	ction 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	1a	27			
	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 in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was • • • •	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	

No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes **b** Describe in 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 . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . 15b Νo If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- O wn website Another's website 🔽 Upon request Cother (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

STEPHANIE WHITCHER 1111 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105 (816) 878-6222

16b

# 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

  List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion :han d on is	one both ecto	box, anı	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

	A verage hours per week (list any hours	more t	ition ( han d on is	ne l both	oox, an	heck unless officer stee)	3	( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table						<del>                                     </del>				
							_			
							_			
						•				
<ul><li>c Total from continuation sh</li><li>d Total (add lines 1b and 1c)</li></ul>	•		<b>.</b> .	٠.	٠.	. P		1,679,528	0	113,192

\$100,000 of reportable compensation from the organization  $\triangleright$  4

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	n		No

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
ROPES GRAY LLP, 800 BOYLSTON STREET BOSTON, MA 02199	ATTORNEY	184,337
BLUE RIDGE SPORTS ENTERTAINMENT, 112 NORTH CAMERON STREET WINCHESTER, VA 22601	TOURNAMENT MGMT	188,325
NCAA, PO BOX 6222 INDIANAPOLIS, IN 46206	MARKETING	306,485

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\triangleright$  3

Form 99		015)						Page <b>9</b>
Part V	/++1	Statement o						
		Check if Schedi	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
Gr.	С	Fundraising eve	ents <b>1c</b>					
ifts, ar A	d	Related organiz	ations <b>1d</b>					
E G	e	Government grants	s (contributions) <b>1e</b>					
ons Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	101,028				
buti the		similar amounts no						
	g	1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f	· · · •	101,028			
<u> </u>				Business Code				
۲۶۰	2a	MEMBERSHIP DUES	S	900099	558,230	558,230		
4	Ь	CONVENTION		900099	1,577,096	1,577,096		
N V	4	CBE HALL OF FAME	: CLASSIC	900099	1,720,250	1,720,250	24.000	
₹	d e	PUBLICATIONS  MERCHANDISE		519100 453000	24,090 15,877		24,090 15,877	
ran	f		ım service revenue	433000	13,677		13,877	
Program Service Revenue								
	3		s 2a-2f ome (including dividend		3,895,543			
	-	and other simila	aramounts)		114,197			114,197
	4		tment of tax-exempt bond p	· · · .	0 3,397,754	3,396,750		1,004
	5	Royalties	(ı) Real	(II) Personal	3,337,734	3,330,730		1,004
	6a	Gross rents	(i) iteal	(,				
	b	Less rental						
	_	expenses Rental income	0	0				
	٦	or (loss)	me or (loss)		0			
	"	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(,,====================================	(1)				
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)		o			
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding reported on line 1c)					
Other			a penses b		0			
	9a		loss) from fundraising e rom gaming activities e 19 a	events •	0			
	1		penses b	vities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> (loss) from sales of inve		0			
	11a	ADVERTISING		Business Code 900099	1,200		1,200	
	Ь	MUNICING	TINCOME		-,		-1-33	
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		1,200			
	12	Total revenue.	See Instructions	· · · •	7,509,722	7,252,326	41,167	115,201

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete coli
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 - (0)(0	<i>,</i>		7-71	, ,	,					0.000						9	,	 0	 	 J. O.	 ,,,,,,,	(	• /		
Check	ıfSc	hedu	ıle O	con	taıns	a re	espo	nse	or n	ote t	o an	ıy lın	e in	this	Part	ΙX									
_																									

	ot include amounts reported on lines 6b, o, 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	30,700			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	5,000			
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,141,484			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	25.543			
_	described in section 4958(c)(3)(B)	36,517			
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k)	753,944			
8	and 403(b) employer contributions)	79,078			
9	O ther employee benefits	78,835			
10	Payroll taxes	96,538			
11	Fees for services (non-employees)	90,336			
 а	Management	0			
b	Legal	212,936			
c	Accounting	25,200			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	1,250			
13	Office expenses	34,825			
14	Information technology	0			
15	Royalties	639,162			
16	Occupancy	103,320			
17	Travel	49,417			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,284,237			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	142,927			
23	Insurance	21,953			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CBE CLASSIC TOURNAMENT	1,376,663			
b	GUARDIANS OF THE GAME AWARD	158,027			
c	PROFESSIONAL DEV OUTREACH	20,000			
d	SPECIAL PROJECTS	84,713			
e	A II other expenses	220,249			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	7,596,975			
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)				

(B)

End of year

864,334

518.894

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170,258

74.655

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181,612

4.299.222

4,299,222

4,480,834

Form 990 (2015)

21.851

89,227

92,385

4,480,834

2,830,842

(A)

Beginning of year

1,147,818

313,746

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130.978

199.562

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50.981

789 17

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789

4.386.475

4.386.475

4,387,264

4,387,264

2,544,179

891 795

817,140

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Form 990 (2015) Page **11** edule O contains a response or note to any line in this Part X . . .

> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X	Balance	SI
	Check if S	che

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Net Assets or Fund Balances

Ba	lan	ce	Sł	iee	t

4	Balance Sneet	
	Check if Schedule C	١

	Ba	ıan	ce	Sn	eet	
_	Cha	بام	.e c	ch c	ماناه	_

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation . Investments—publicly traded securities

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

За

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### Software ID: Software Version:

EIN: 31-1626159

Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Name and Title Average Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest employe organization individual to or director organizations Institutional MISC) MISC) and related below organizations employee dotted line) t compenso trustee Trustee i H H H 2 0 BO RYAN 0 DIRECTOR/3RD VICE PRESIDENT 0.0 2 0 BILL SELF Х Χ 0 0 DIRECTOR/4TH VICE PRESIDENT 0 0 2 0 CHARLIE BROCK Х 0 0 DIRECTOR 0 0 2 0 LORENZO ROMAR Х 0 0 DIRECTOR 0 0 2 0 GARY STEWART 0 DIRECTOR 0 0 2 0 MIKE BREY 0 DIRECTOR 0.0 2 0 TRENT JOHNSON Χ 0 DIRECTOR 0 0 2 0 LENNIE ACUFF 0 DIRECTOR 0.0 2 0 MARK GOTTFRIED Х 0 DIRECTOR 0 0 2 0 CY ALEXANDER 0 DIRECTOR 0 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	S				•		i	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	- [종립] 후 [종[송] 병호[호		Former	MISC)	MISC) MISC)					
JAMIE DIXON	2 0										
DIRECTOR	0 0	Х						0	0	0	
JOHNNY DAWKINS	2 0							_	_		
DIRECTOR	0 0	X						0	0	0	
JOHN CALIPARI	2 0										
DIRECTOR	0 0	Х						0	0	0	
JOHN THOMPSON III	2 0										
		X						0	0	0	
DIRECTOR	0 0										
PAGE MOIR	2 0			l .,				_	_	_	
DIRECTOR/PAST PRESIDENT-2015	0 0	X		×				0	0	0	
RON HUNTER	2 0		_								
DIRECTOR/1ST VICE PRESIDENT	0 0	Х		×				0	0	0	
JEFF JONES	2 0										
DIRECTOR/1ST VICE PRESIDENT	0 0	X		X				0	0	0	
							_				

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PAUL HEWITT

PHIL MARTELLI

JIM BOEHEIM DIRECTOR

DIRECTOR/2ND VICE PRESIDENT

DIRECTOR/PAST PRESIDENT-2014

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

22,350

26,600

Compensated Employees, and Inde	pendent Co	пстас	COL	5				ı	i	ı
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	,	and related organizations
MATT MARGENTHALER	2 0									
DIRECTOR	0 0	X						0	0	0
DAVE ARCHER	2 0									
DAVE ARCHER		X						0	0	0
DIRECTOR	0 0									_
BOB BURCHARD	2 0									
DIRECTOR	0 0	X						0	0	0
	2 0						$\vdash$			
PAT CUNNINGHAM	2 0	x						_	n	,
DIRECTOR	0.0	^								ĺ
TOMMY AMAKER	2 0									
		Х						0	0	0
DIRECTOR	0 0									
TOM IZZO	2 0									
DIRECTOR	0 0	X						0	0	0
ER NIE KENT	2 0						$\Box$			
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DIRECTOR	0 0	•••							,	

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22,112

161,308

1,150,142

BRIAN WELCH

TREASURER

JIM HANEY

STEPHANIE WHITCHER

EXECUTIVE DIRECTOR

CHIEF FINANCIAL OFFICER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E)
Average Position (do not check Reportable Reportable (A) Name and Title (A)

	haura nar '	1		+ 1				I aaminanaatian '			
	hours per week (list any hours for related	more than one box, unless person is both a officer and a director/trustee)				from the organization (W- 2/1099-	from related organizations (W- 2/1099-	amount of other compensation from the			
	for related organizations of below dotted line)	Individual trustee or director	Institutional Trustee	Qff			Former	MISC)	MISC)	organization and related organizations	
REGGIE MINTON	40 0				×			245,441	0	47,565	
DEPUTY EXECUTIVE DIRECTOR	0 0			!				,	-	,	
TROY HILTON	40 0					X		100,525	0	16,677	
SR DIR ASSOC AFFAIRS & CORP RE	0.0			1		^ '		100,323	Ĭ	10,077	

Employer identification number

31-1626159

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

NATIONAL ASSOCIATION OF BASKETBALL COACHES

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	<b>•</b>	\$
2	Enter the amount of any excise	n 4955 <b>&gt;</b>	\$		
3	If the organization incurred a s	☐ Yes ☐ No			
4a	Was a correction made?	⊤Yes			
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	Enter the names, addresses are organization made payments from amount of political contribution separate segregated fund or a	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	)-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

reporting section 4911 tax for this year?

Sch	nedule C (Form 990 or 990-EZ) 2015				Page <b>2</b>
Pā	art II-A Complete if the organization i under section 501(h)).	is exempt under section 501(c)(3	) and file	ed Form 5768	(election
١.	Check ► If the filing organization belongs to a expenses, and share of excess lobby		filiated gro	up member's nam	e, address, EIN
3	Check ▶ ☐ If the filing organization checked box	x A and "limited control" provisions apply			
		ing Expenditures ans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public op lobbying) Total lobbying expenditures to influence a legisla				
c	Total lobbying expenditures (add lines 1a and 1b)	)			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c	and 1d)			
f	Lobbying nontaxable amount Enter the amount fro	om the following table in both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not ever \$1,500,000	\$175,000 plus 10% of the excess ever \$1,000,000			

2000 fing noncaxable amount Enter the amount	te from the following table in both columns
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000
Grassroots nontaxable amount (enter 25% of	line 1f)
Subtract line 1g from line 1a If zero or less, e	enter -0-
Subtract line 1f from line 1c If zero or less, e	nter-0-

⊤ Y e s

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

che	edule C (Form 990 or 990-EZ) 2015				Рa	ige <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TOP				
		(	a)		(b)	
or e ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying uity		No		moun	t
	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		1		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>01</b> (c	)(5),	or se	ection	n
	501(c)(6).				Vaa	N.
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	Yes Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	Yes	
3	Did the organization make only in house lobbying expenditures of \$2,000 of less.  Did the organization agree to carry over lobbying and political expenditures from the prior year?		-	3	103	Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	:01/c	VE) (	_	ction	
4.1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).		l i			
a	Current year	2a				
b	Carryover from last year	2b				
С _	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		<u> </u>			
	• •					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1  Also, complete this part for any additional information	ıp IIst),	, Part II	I-A, I	ines 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

**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.

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

**DLN: 93493118009047**OMB No 1545-0047

2015

Open to Public Inspection

Na	me of the organization FIONAL ASSOCIATION OF BASKETBALL COACHES					oyer ident if ic	ation numb	er
Pa	rt I Organizations Maintaining Donor					626159 Or Account	s.	
	Complete if the organization answere	ed "Yes" on Form 99	0, P	Part IV, line 6.				
	Total number at and of year	(a) Donor advised full	nds		(b)	Funds and oth	ner account	s
1	Total number at end of year							
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 a funds are the organization's property, subject to t	2			nor advis	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					purpose	☐ Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organizatio	n aı	nswered "Yes"	on Forn	n 990, Part	IV, line 7.	•
1	Purpose(s) of conservation easements held by th	e organization (check a	all th	nat apply)				
	Preservation of land for public use (e g , recreducation)  Protection of natural habitat	eation or	Г	Preservation of				3
	Preservation of open space		'					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserv	vatic	on contribution in	the form	of a conserv	ation	
						Held at th	ne End of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easeme	ents			2b			
c	Number of conservation easements on a certified	historic structure incl	uded	lın (a)	2c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/0	)6, a	and not on a	2d			
3	Number of conservation easements modified, traitax year ▶	nsferred, released, exti	ngui	shed, or termina	ted by th	e organizatior	n during the	
4	Number of states where property subject to cons	ervation easement is lo	ocate	ed ▶				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		:orine	g, inspection, ha	ndling of	_	Yes	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of	viola	ations, and enfor	cing cons	servation eas	ements duri	ng the
	<b>-</b>							
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of viola	ition	s, and enforcing	conserva	tion easemer	nts during th	ne year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisf <b>y</b> tl	he re	equirements of se	ection 17		Yes	No.
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the o					•	
Par	** Organizations Maintaining Collect Complete if the organization answers				, or Oth	er Similar	Assets.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public	exhi	bition, education	, or resea	arch in further		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public						lic
(	(i) Revenue included on Form 990, Part VIII, line 1	L			<b>&gt;</b> \$			
	) Assets included in Form 990, Part X							
2	If the organization received or held works of art, h	nistorical treasures, or	othe	er sımılar assets				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storic	al Tr	reası	ires, or C	Othe	r Similar A	sset	ts	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, ch	neck a	n <b>y</b> of t	:he fol	lowing that	are a	significant us	e of i	ts	
а		Public exhibition		d	$\Gamma$	Loan	orex	change prog	gram:	S			
b		Scholarly research		e	Г	Othe	ır.						
c		Preservation for future generations											
4	Provi Part)	de a description of the organization's	s collections and exp	laın ho	w they	furthe	erthe	organizatioi	n's ex	kempt purpose	ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha								nılar <b>Yes</b>	<b>.</b>	∏ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part I	V, lın	e 9, or re	porte	ed an amoun	t on	Forn	າ 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	mediary	forco	ntrıbu	itions	or other ass	sets	not <b>Tyes</b>	;	┌ No	
ь	If'	Yes," explain the arrangement in Pa	art XIII and complete	e the fol	llowing	table				Am	ount		
c		Jinning balance	'		_			1c					
d		ditions during the year						1d					
e		tributions during the year						1e					
f		ding balance						1f					
2a		ne organization include an amount oi	n Form 990, Part X, I	ıne 21,	for es	crow o	rcust	odial accou	ınt lıa	ability? <b>T</b>			
b		s," explain the arrangement in Part								•		•	П
	art V	Endowment Funds. Comple										• •	
		Endownient Funds: Compie	(a)Current year		or year			o years back		hree years back		our ye	ars back
1a	Begir	nning of year balance	,,,,					,	` '	,			
b	Cont •	ributions · · · · · · · ·											
c	Net i losse	nvestment earnings, gains, and is											
d	Gran	ts or scholarships											
e		r expenditures for facilities rograms											
f	A d m	nistrative expenses											
g		of year balance											
2	Provi	de the estimated percentage of the o	current vear end bala	nce (lir	ne 1a.	colum	n (a))	held as		l			
a		designated or quasi-endowment	<b>,</b>		5,		(,,						
		anent endowment											
b													
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c											
3a		nere endowment funds not in the pos ization by	session of the organ	iization	that a	re held	d and a	administere	d for	the	Г	Yes	No
		related organizations								3a	(i)	163	110
		lated organizations									(ii)		
b	If "Y∈	s" on 3a(II), are the related organiza	ations listed as requi	red on s	Sched	ıle R?				3	b		
4	Desc	ribe in Part XIII the intended uses o	of the organization's e	endowm	ent fu	nds							
Pa	rt VI	Land, Buildings, and Equip		0	00 5			11- 0		- 000 P- 1 V		- 10	
		Complete if the organization a	inswered Yes to F		(	a)		(b)		Accumulated			k value
					ost or o	tner ba stment)		ost or other b (other)	asis	(c)depreciation			
1a	Land			·					$\perp$				
b	Buildin	gs		∟									
c	Leasel	nold improvements		·  _					$\perp$		$\perp$		
		nent						891,	795	817,1	40		74,655
e	Other			1					- 1		- 1		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. ( See Form 990, Part X, line 12.			
(a) Description of security or categor (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
1)Financial derivatives			Cost of Cha of year market van
2)Closely-held equity interests			
<b>3)</b> 0 ther			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12	) •		
art VIIII Investments—Program Related	rad IVasi an Farm 000	Part IV line 11c -	
Complete if the organization answer  (a) Description of investment	red Yes on Form 990,	(b) Book value	Gee Form 990, Part X, line 13.  (c) Method of valuation
(a) Description of investment		(b) Book Value	Cost or end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organize	•	orm 990, Part IV, line	to 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organize	ation answered 'Yes' on F	orm 990, Part IV, line	
Other Assets. Complete if the organization (a) De (	ation answered 'Yes' on Fescription		(b) Book value
Other Assets. Complete if the organization (a) De (	ation answered 'Yes' on Fescription		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Im  Part X Other Liabilities. Complete if the organization of the Column (b) Part X, Inc. (Column (b) must equal Form 990, Part X, Long (B) Im  See Form 990, Part X, Line 25.	ation answered 'Yes' on Fescription		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (b) must equal Form 990, Part X, col (B) Interest (Column (b) must equal Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (a) Description of liability	me 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X  Other Liabilities. Complete if the of See Form 990, Part X, line 25.  (a) Description of liability	me 15 )		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of the Control of the Co	me 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Interest Years and Years Yea	me 15 )		(b) Book value

1 2

а

b

1

c	Recoveries of prior year gran	ts 2c		
d	Other (Describe in Part XIII	)		
e	Add lines <b>2a</b> through <b>2d .</b>	<del></del>	2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	) 4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expenses nization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses pe	er audited financial statements	1	
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	facilities <b>2a</b>		
b	Prioryear adjustments			
c	Other losses	2c		
d	Other (Describe in Part XIII	) 2d		
e	Add lines <b>2a</b> through <b>2d .</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	Amounts included on Form 99	90, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII	)		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 a	and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
	XIII Supplemental Indeethe descriptions required fo	formation r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	),	
	V , line 4 , Part X , line 2 , Part XI nation	, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provi	de any additional
	Return Reference	Explanation		
SCHE	DULE D, PART X, LINE 2	NABC HAS ADOPTED THE STANDARDS REQUIRING DISCLOSURE OF POSITIONS UNDER ASC TOPIC 740, INCOME TAXES AS A RESULT, EVALUATES ITS TAX POSITION ANNUALLY FOR ANY POTENTIAL COMAY RESULT IN UNCERTAINTY IN THE ACCOUNTING FOR INCOME 30, 2016 AND 2015, IT IS MANAGEMENT'S BELIEF THAT THE TAX SOME THAT OF A NOT-FOR-PROFIT ENTITY AND THEREFORE HAS MADE CLASSIFY NABC AS TAX EXEMPT NABC HAS FILED ALL REQUIRED.	, NAB HANC TAXE TATL THE D	C MANAGEMENT GES OR ISSUES THAT ES AT SEPTEMBER US OF THE NABC IS DECISION TO
		REQUIRED JURISDICTIONS IN A TIMELY MANNER		dulo D (Form 000) 2015

2a

2b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

Schedule D (Form 990) 2015		Page <b>5</b>									
Part XIII Supplemental Information (continued)											
Return Reference	Explanation										

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization NATIONAL ASSOCIATION OF BASKETBALL COACHES **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organi Part II

OMB No 1545-0047 2015

Open to Public

DLN: 93493118009047

Inspection

Employer identification number

31-1626159

Part II Grants and Other Assista				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for an <b>y</b> recipient
that received more than  (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50							2
3 Enter total number of other orga							
For Paperwork Reduction Act Notice, see	the Instructions for F	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

ANY FUNDS THAT ARE CONTRIBUTED TO OTHERS ARE BASED UPON WRITTEN DOCUMENTATION REQUESTING SUCH PAYMENT THE SCHEDULE I, PART I, LINE 2 NABC'S PROCESS IS TO REQUEST DOCUMENTATION SUPPORTING THE USE OF FUNDS BEFORE THE APPROVAL OF THE CONTRIBUTIONS

### **Additional Data**

1000 HALL OF FAME AVE SPRINGFIELD, MA 01105

Software ID: Software Version:

**EIN:** 31-1626159

Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

(h) Purpose of grant

orassistance

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash or government (d) Amount of cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) (g) Description of non-cash assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

or government				assistance	other)	
NABC FOUNDATION 1111 MAIN STREET KANSAS CITY,MO 64105	06-1560942	501(C)(3)	18,200			ANNUAL SUPPORT
NAISMITH MEMORIAL BASKETBALL HALL OF FAME	04-6128892	501(C)(3)	10,000			ANNUAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493118009047

# OMB No 1545-0047

2015

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Department of the Internal Revenue Service

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization TONAL ASSOCIATION OF BASKETBALL COACHES		1	Employer identification	n nur	nber			
11/31	TOTAL ASSOCIATION OF BASINETBALE CONCINES		3	31-1626159					
Pa	rt I Questions Regarding Compensatio	n							
						Yes	No		
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II								
	First-class or charter travel	Г	Housing allowance or residence for	personal use					
	Travel for companions		Payments for business use of perso	nal residence		ļ			
	Tax idemnification and gross-up payments		Health or social club dues or initiati	ion fees		ļ			
	Discretionary spending account	Г	Personal services (e g , maid, chauf	ffeur, chef)		 	 		
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d	_	. , , , , , , , , , , , , , , , , , , ,	'	<b>1</b> b				
2	La companya di Carante								
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	Do not check any boxes for method	S					
	Compensation committee	<b>▽</b>	Written employment contract						
	Independent compensation consultant	<b>✓</b>	Compensation survey or study						
	$\overline{m{arphi}}$ Form 990 of other organizations	<b>√</b>	Approval by the board or compensa	tion committee			 		
4	During the year, did any person listed on Form 990, or a related organization	, Part VII	, Section A , line $oldsymbol{1}$ a with respect to the	he filing organization					
а	Receive a severance payment or change-of-control	l payment	?		4a		Νo		
b	Participate in, or receive payment from, a suppleme	ental nond	qualified retirement plan?		4b	Yes			
c	Participate in, or receive payment from, an equity-b	ased con	npensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the	e applicable amounts for each item in	Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza		•						
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue a	ny					
а	The organization?				5a				
b	Any related organization?				5b				
	If "Yes," on line 5a or 5b, describe in Part III								
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue a	ny					
а	The organization?				6a				
b	Any related organization?				<b>6</b> b				
	If "Yes," on line 6a or 6b, describe in Part III								
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			n-fixed	7				
8	Were any amounts reported on Form 990, Part VII,		·						
	subject to the initial contract exception described in Part $\operatorname{III}$	ıı kegulat	.ions section 53 4958-4(a)(3)/ 11 "Y	es, describe	8				
9	If "Yes" on line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	ible presumption procedure describe	d in Regulations	9				
	Danamuski Dadustian Ast Natica, see the Tustmustian			OOFST <b>Schodule</b>					

Schedule J (Form 990) 2015

Page 2

3 REGGIE MINTON

DEPUTY EXECUTIVE DIRECTOR

225,441

20,000

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(u1) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note. The sum of columns (b)(1)-(m) for each fisced material and the total amount of form 990, Fart v11, Section A, fine 1a, applicable column (b) and (c) amounts for that materials												
(A) Name and Title		<b>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1 ' '	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990				
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)					
1 STEPHANIE WHITCHER CHIEF FINANCIAL OFFICER	(i)	141,308	20,000	0	15,985	6,365	183,658	0				
	(ii)	0	0	0	0	0	0	0				
2 JIM HANEY	(i)	650,101	200.000	300 041	26 500	100	1 176 742	0				

24,406

23,159

293,006

20,500 100 1,1/0,/42 EXECUTIVE DIRECTOR

Schedule J (Form 990) 2015										
Part III Supplemental Information										
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									

Schedule J (Form 990) 2015

Schedule L

**Transactions with Interested Persons** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

OMB No 1545-0047 2015

DLN: 93493118009047

**Employer identification number** 

31-1626159

(c) Description of

transaction

Open to Public Inspection

(d) Corrected?

Yes

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION OF BASKETBALL COACHES

(a) Name of disqualified person

(Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

(b) Relationship between disqualified person and

organization

	mount of tax	ıncu	rred by orga	nızatıon ma	nagers or dis	qualified pers	ons during the	yearı	under	section			
4958 .										<b>&gt;</b> \$			
<b>3</b> Enter the a	mount of tax	, ıf ar	ny, on line 2	, above, rein	nbursed by th	ne organizatio	n		•	<b>&gt;</b> \$			
Part II Lo	ans to and	l/or	From In	terested	Persons.								
	mplete if the Ianization rep						line 38a, or Fo	orm 99	0, Par	t IV, lin	e 26, o	r if the	
org	allization rep	ortec	all alliouilt	טוו רטוווו פפ	U, Pait X, IIII	e 3, 6, 01 22							
(a) Name of	a) Name of (b) Relationship (c) (d) Loan		(d) Loan t	0	(e)O riginal	(f)Balance	(g)	In	(h)		(i)Written		
ınterested	with		Purpose of			principal	due	defa	ult?	Approved		agreement?	
person organizat		on	Ioan	organization?		amount				by boa			
				То	From			Yes	No	Yes	No	Yes	No
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Total	1		<b>▶</b> \$			1				l .			
	ants or Ass	sista		efitina In	terested E	Persons							
							rt IV, line 27						
(a) Name of ı			Relationshi			ofassistance			stance	e (e)	Purpos	e of ass	ıstance
perso	n	inte	erested pers										
			organiza	tion									
or Paperwork Rec	duction Act No	tice	see the Inst	ructions for	Form 990 or 9	90-F7. (	Cat No 50056A		. حاء .	dula ! /=	000	000	E71 2015
or raperwork ke	auction Act IN	, cice,	ace the man	4000015 101 1		JU LE.	-at NO 30030A		scne	ule L (Fe	2FM 990	or 990-l	EZ J ZU15

	ization answered "Yes" on I		ne 28a. 28b. or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART IV					
					<del>                                     </del>
				1	<del>                                     </del>
					<del>                                     </del>
-					
Part V Supplemental Inform Provide additional inform	<b>mation</b> ation for responses to question	s on Schedule L (see ır	nstructions)		
Return Reference	Explanation				
SCHEDULE L, PART IV, LINE 1	(A) CAROL HANEY (B) CAROL HANEY IS A FAMILY MEMBER OF JIM HANEY, EXECUTIVE				

DIRECTOR (C) \$36,517 (D) EMPLOYEE COMPENSATION (E) NO

**SCHEDULE M** 

**Noncash Contributions** 

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Treasury
Internal Revenue Service

(Form 990)

Department of the

DLN: 93493118009047 OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization IATIONAL ASSOCIATION OF BASKETBALL COACHES				Employer identificat	tion num	nber		
ATTOMAL ADSOCIATION OF BA	SKETBALL COACT	123			31-1626159			
Part I Types of	Property			•				
		<b>(a)</b> Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermın	_	īs
1 Art—Works of art	ŀ							
2 Art—Historical trea	h							
3 Art—Fractional inte					+			
<ul><li>Books and publication</li><li>Clothing and house goods</li></ul>	hold							
6 Cars and other vehi	cles							
<b>7</b> Boats and planes .	ŀ							
8 Intellectual propert	<b>!</b>							
9 Securities—Publicly	· .							
<b>10</b> Securities—Closely	ŀ							
Securities—Partner or trust interests								
12 Securities—Miscell	aneous[							
<ul><li>Qualified conservat contribution—Histo structures</li><li>Qualified conservat</li></ul>	rıc • • •							
contribution—O thei	•							
<b>15</b> Real estate—Reside <b>16</b> Real estate—Comm	- 1				+			
17 Real estate—Commo	ŀ							
18 Collectibles	ŀ				-			
19 Food inventory .								
20 Drugs and medical:								
21 Taxidermy	1							
22 Historical artifacts	- I							
23 Scientific specimen								
24 Archeological artifa								
<b>25</b> Other►(	l	Х	4	101,028	FAIR MARKET VAL	UE		
CONSUMER GOODS )	[			·				
<b>26</b> Other▶(	)							
<b>27</b> Other►(	)							
<b>28</b> Other▶(	) [							
			inization during the tax yea 283, Part IV, Donee Ackn		29			
<b>30a</b> During the year, die	d the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	s 1 through 28.that	$\overline{}$	Yes	No
	_			ution, and which is not requ	_			
	•		period?			30a	\	Νo
<b>b</b> If "Yes," describe						300		INU
	_			review of any non-standard	contributions?	31	V	

contributions? . . . . .

**b** If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Yes

Page 2

Schedule M (Form 990) (2015)

ITHE NABC RETAINS THE SERVICES OF A THIRD-PARTY MARKETING COMPANY TO RAISE ISPONSORSHIPS FOR THE ANNUAL NABC CONVENTION SOME OF THE SPONSORSHIPS COME

SCHEDULE M, PART I, LINE 32B IN THE FORM OF PRODUCTS (I E , APPAREL) AS WELL AS CASH SCHEDULE O (Form 990 or 990-EZ)

Department of the

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493118009047

Internal Revenue Service

Treasury

Name of the organization

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NATIONAL ASSOCIATION OF BASKETBALL COACHES

Employer identification number 31-1626159

Return Reference	Explanation
FORM 990,	THE NATIONAL ASSOCIATION OF BASKETBALL COACHES (NABC) HAS CONTINUALLY WORKED TO FURTHER THE BEST
PART I, LINE 1	INTERESTS OF THE GAME OF BASKETBALL AS WELL AS THE PLAYERS AND COACHES WHO PARTICIPATE IN THE SPORT IN
& PART III,	DOING SO, THE NABC HAS ESTABLISHED THE FOLLOWING GOALS AND OBJECTIVES TO PURSUE ITS MISSION 1 TO
LINE 1	PROMOTE THE IDEALS OF INTEGRITY , SPORTSMANSHIP AND TEAMWORK AMONG MEN'S BASKETBALL COACHES AND THE
	PLAYERS WHOM THEY COACH, 2 TO UNIFY COACHES ON ISSUES PERTAINING TO BASKETBALL AT ALL LEVELS, 3 TO
	PROVIDE MEMBER SERVICES WHICH ADDRESS THE NEEDS OF THE COACH PROFESSIONALLY, EMOTIONALLY,
	FINANCIALLY, PHY SICALLY AND SPIRITUALLY, 4 TO ENCOURAGE BASKETBALL COACHES TO SERVE AS COMMUNITY
	OUTREACH AGENTS WHO ELEVATE MORAL, ETHICAL AND EDUCATIONAL VALUES, 5 TO ENLIGHTEN THE GENERAL
	PUBLIC, MEDIA, INSTITUTIONAL EDUCATORS AND ATHLETIC ADMINISTRATORS TO THE FACT THAT COACHES ARE GOOD
	FOR THE SPORT AND THE YOUNG PEOPLE THEY SERVE, 6 TO WORK WITH THE LEGISLATIVE ARM OF THE NATIONAL
	COLLEGIATE ATHLETIC ASSOCIATION (NCAA) ON ISSUES THAT AFFECT BASKETBALL AND INTERCOLLEGIATE ATHLETICS,
	IN PARTICULAR IDENTIFY ING ISSUES THAT NOT ONLY BENEFIT THE STUDENT-ATHLETE BUT ALSO THE ABILITY OF THE
	COACHING STAFF TO WORK EFFECTIVELY AND BENEFICIALLY WITHIN THE INSTITUTION

Return Reference	Explanation
FORM 990, PART III, LINE 4A	MEETINGS/ANNUAL CONVENTION ALL MEETINGS ARE HELD TO DETERMINE THE DIRECTION OF COLLEGIATE BASKETBALL MEMBER COACHES CAN ATTEND A VARIETY OF MEETINGS FOR ALL NCAA DIVISIONS, CONFERENCES AND COMMITTEES AS WELL AS ATTEND THE GUARDIANS OF THE GAME AWARD SHOW AND NABC WELCOME RECEPTION NUMEROUS COACHING CLINICS ARE PRESENTED AND LED BY SOME OF THE NATION'S FINEST BASKETBALL COACHES MEMBER COACHES ARE PROVIDED THE OPPORTUNITY TO ATTEND THE NABC MARKETPLACE (OFFICIAL TRADE SHOW WHOSE EXHIBITORS ARE ON HAND TO DISPLAY THE NEWEST AND MOST ADVANCED PRODUCTS AND SERVICES AVAILABLE FOR THE SPORT OF BASKETBALL) AND PROFESSIONAL DEVELOPMENT SEMINARS (CLINICS THAT COVER TOPICS CONCERNING VARIOUS ASPECTS OF THE PROFESSION INCLUDING COACHING, ETHICS, AND PROFESSIONAL DEVELOPMENT) THE ANNUAL CONVENTION IS A FOUR DAY EVENT THAT BEGINS ON THE THURSDAY PRECEDING THE NCAA FINAL FOUR GAMES BECAUSE THE ANNUAL CONVENTION IS HELD IN THE CITY HOSTING THE NCAA FINAL FOUR, MEMBERS ATTENDING THE CONVENTION HAVE THE OPPORTUNITY TO PURCHASE TICKETS TO THE NCAA FINAL FOUR SEMI-FINAL AND CHAMPIONSHIP GAMES

Return Reference	Explanation
FORM 990 PART VI, SECTION A, LINE 6	THE NABC IS ORGANIZED AS A NOT-FOR-PROFIT, NON-STOCK CORPORATION WITH MEMBERS THE NABC HAS FIVE CLASSES OF MEMBERSHIP ACTIVE, ASSOCIATE, ACTIVITY, LIFE, AND HONORARY MEMBERS THE MEMBERS SERVE WITHOUT AUTHORITY AND DO NOT HAVE THE RIGHT TO NOTICE OR TO VOTE, ARE NOT CONSIDERED FOR THE PURPOSES OF ESTABLISHING A QUORUM, AND DO NOT HAVE ANY CORPORATE RIGHTS OR RESPONSIBILITY. AN ACTIVE MEMBER IS AN INDIVIDUAL EMPLOYED AS A FULL-TIME COACH OF MEN'S INTERCOLLEGIATE BASKETBALL AT A COLLEGE OR UNIVERSITY OFFERING FOUR OR MORE YEARS OF COLLEGE WORK LEADING TO A BACCALAURETTE DEGREE. AN ASSOCIATE MEMBER IS ANY INDIVIDUAL WHO HAS SERVED AS AN ACTIVE MEMBER FOR NOT LESS THAN 15 YEARS AN ACTIVITY MEMBER IS ANY INDIVIDUAL EMPLOYED AS A COACH OF MEN'S BASKETBALL AT ANY JUNIOR COLLEGE OR HIGH SCHOOL OR ANY INDIVIDUAL EMPLOYED AS THE PART-TIME OR GRADUATE ASSISTANT COACH OF MEN'S BASKETBALL AT A FOUR YEAR COLLEGE OR UNIVERSITY, OR ANY INDIVIDUAL EMPLOYED AS A PART-TIME OR FULL-TIME COACH OR ASSISTANT COACH OF MEN'S BASKETBALL AT A FOREIGN COLLEGE OR UNIVERSITY A LIFE MEMBERSHIP SHALL BE CONFERRED TO THE INDIVIDUAL WHO HAS COMPLETED HIS TERM AS THE PRESIDENT OF THE NABC AN HONORARY MEMBER SHALL BE CONFERRED TO ANY MEMBER, UPON BOARD APPROVAL, WHO HAS MADE A VALUABLE CONTRIBUTION TO THE NABC. THE NABC SHALL HAVE AS MANY MEMBERS AS THE BOARD MAY DETERMINE.

Return	Explanation
Reference	
FORM 990 PART VI, SECTION A, LINE 7A	THE NABC'S AFFAIRS ARE MANAGED BY THE BOARD OF DIRECTORS WHO HAVE AND EXERCISE ALL THE POWERS OF THE NABC. THE DIRECTORS ARE IDENTIFIED AND NOMINATED BY THE BOARD UPON BLECTION, THE DIRECTORS HOLD OFFICE FOR A TERM OF NOT MORE THAN TWO (2) YEARS AFTER SUCH DIRECTOR'S TERM OF "PRESIDENT" HAS EXPIRED OR UNTIL DEATH, RESIGNATION, REMOVAL OR DISQUALIFICATION OCCURS. THE BOARD SHALL CONSIST OF NOT LESS THAN 13. (THIRTEEN), AND NOT MORE THAN 28 (TWENTY-EIGHT) VOTING DIRECTOR'S FROM NCAA DIVISION I, THE DIRECTOR'S SHALL INCLUDE IS (FIFTEEN) AT-LARGE MEMBERS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COACH AT A NCAA DIVISION I SCHOOL EXCEPT WITH THE APPROVAL OF THE ENTIRE BOARD, NOT MORE THAN TWO (2) INDIVIDUALS FROM THE SAME ATHLETIC CONFERENCE MAY SERVE AS DIRECTOR'S FROM ACH OF THE NCAA DIVISION II, AND DIVISION III, THERE SHALL BE TWO (2) REPRESENTATIVES EACH, AT THE TIME OF THEIR NOMINATION, IS CURRENTLY COACHING AS A HEAD COACH AT A NCAA DIVISION II OR DIVISION III SCHOOL, RESPECTIVELY. THE TWO (2) IMMEDIATE PAST PRESIDENTS SHALL SERVE AS DIRECTOR'S THE REMAINING DIRECTOR'S INCLUDE INDIVIDUALS AND COACHES FROM NCAA DIVISION I, II, OR III, THE NAIA, HIGH SCHOOL, OR WITH A FIFLIA TIONS TO MEMBERS WHO WOULD OTHERWISE BE PERMITTED TO JOIN THE BOARD IN ADDITION TO THE VOTING DIRECTOR'S DESCRIBED ABOVE, THE BOARD MAY CONSIST OF 3 (THERE) NON-VOTING EMERITUS DIRECTORS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COACH AT AN NCAA DIVISION II OR DIVISION II OR DIVISION III SCHOOL, RESPECTIVELY, AND EACH MUST HAVE BEEN A FORMER VOTING MEMBERS OF THE BOARD IN ADDITION TO THE VOTING DIRECTOR'S DESCRIBED ABOVE, THE BOARD MAY CONSIST OF 3 (THERE) NON-VOTING EMERITUS DIRECTORS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COACH AT AN NCAA DIVISION II OR DIVISION III OR
	REMAIN IN OFFICE AT THE DISCRETION OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE NABC'S FORM 990, SCHEDULES TO THE FORM 990 AND FORM 990-T (HEREIN REFERRED TO AS FORM 990) ARE PREPARED BY THE NABC STAFF AND REVIEWED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT (CPA) AT THE DIRECTION OF THE NABC STAFF, THE CPA EXTENDS THE DUE DATE OF THE FORM 990 SO THAT IT CAN BE PRESENTED TO THE EXECUTIVE COMMITTEE AT THE ANNUAL CONVENTION MEETING. THE NABC STAFF REVIEWS A DRAFT OF THE FORM 990 IN DEPTH WITH THE EXECUTIVE COMMITTEE. UPON RESOLUTION OF ANY QUESTIONS, THE EXECUTIVE COMMITTEE APPROVES THE FORM 990 AND REPORTS TO THE FULL BOARD OF DIRECTORS THAT SUCH ACTION WAS TAKEN. THE BOARD OF DIRECTORS RECEIVE AN ADVANCED COPY OF THE FORM 990 AT THIS TIME. THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS DOCUMENT SUCH APPROVAL AND DISCUSSION IN THEIR RESPECTIVE MINUTES. SUBSEQUENT TO THE ANNUAL CONVENTION MEETING, BUT BEFORE THE EXTENDED DUE DATE OF FORM 990, AT THE DIRECTION OF THE NABC'S STAFF. THE CPA ELECTRONICALLY FILES THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE NABC CONDUCTS PERIODIC REVIEWS FOR MONITORING PROPOSED AND ONGOING TRANSACTIONS OF CONFLICT OF INTEREST THE NABC REQUIRES THAT EACH DIRECTOR AND MEMBER OF THE EXECUTIVE COMMITTEE SIGN AN ANNUAL STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND THE POLICY, HAVE AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE NABC IS TAX-EXEMPT AND MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ITS TAX-EXEMPT PURPOSE THE EXECUTIVE COMMITTEE DETERMINES WHETHER A CONFLICT OF INTEREST HAS OCCURRED BASED ON THE DISCLOSURES OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS OF ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF THE EXECUTIVE COMMITTEE WHO HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE NABC THIS COMMITTEE REVIEWS ALL COMPENSATION ARRANGEMENTS AND BENEFITS TO DETERMINE IF THEY ARE REASONABLE THIS COMMITTEE WILL ALSO REVIEW ACTUAL CONFLICTS OF INTEREST IN THE EVENT OF A CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE WILL DETERMINE IF ANY RESTRICTIONS SHOULD BE IMPOSED ON THE INTERESTED PERSON ANY MEMBER OF THE EXECUTIVE COMMITTEE THAT IS DETERMINED TO HAVE A CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM ANY DECISION-MAKING DISCUSSIONS REGARDING ANY IMPOSED RESTRICTIONS

Return Reference	Explanation
FORM 990, PART VI.	THE NABC HAS A PUBLIC INSPECTION POLICY WHICH STATES THAT THE NABC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR REVIEW DURING THE REGULAR
SECTION C,	BUSINESS HOURS AT 1111 MAIN STREET, SUITE 1000, KANSAS CITY, MO 64105 ANY REQUEST FOR SUCH FILING WILL
LINE 19	BE FULFILLED WITHOUT CHARGE EXCEPT FOR THE COST TO REPRODUCE AND MAIL THE FILING ALL REQUESTS MUST BE MADE IN PERSON OR IN WRITING IF THE REQUEST IS MADE IN PERSON, THE COPIES SHALL BE PROVIDED IMMEDIATELY
	FOR ANY WRITTEN REQUESTS, THE NABC SHALL PROVIDED FILINGS WITHIN 30 DAYS OF THE REQUEST