

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

2016

- 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

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2016 calendar year, or tax year beginning Jul 1, 2016, and ending Jun 30, 2017; B Check if applicable; C Name of organization AMERICAN CRIBBAGE CONGRESS; D Employer identification number 56-1275233; E Telephone number (414) 427-4595; F Group Exemption Number; G Accounting Method; H Check if the organization is not required to attach Schedule B; I Website: WWW.CRIBBAGE.ORG; J Tax-exempt status; K Form of organization; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

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

Table with 21 rows detailing revenue and expenses. Revenue items include contributions (920), program service revenue (64,183), membership dues (107,636), investment income (4,970), and total revenue (180,734). Expense items include grants paid, salaries (54,600), professional fees (1,300), occupancy, printing, and other expenses (48,407), with total expenses (172,018). Net assets at beginning of year: 125,505; at end of year: 134,221.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016)

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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	123,005.	131,721.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt.	2,500.	2,500.
25 Total assets	125,505.	134,221.
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)	125,505.	134,221.

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, 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	62,252.
29 Issuance and publication of monthly magazine to over 6,300 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	65,249.
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	127,501.

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 Hassett Membership Secty	6.00	10,800.	0.	0.
Roy Hofbauer Dir/Tourn Comm	5.00	5,400.	0.	0.
Marlene Iazachek 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	10,800.	0.	0.
Diane Waite Web Master	3.00	3,600.	0.	0.
Jeanne Jelke Secretary	1.00	300.	0.	0.
Paul Gregson Grass Roots IT	3.00	2,400.	0.	0.
Rick Allen Director	1.00	0.	0.	0.
Henry Bergeron 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, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42b
If 'Yes,' enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the United States?
42c
If 'Yes,' enter the name of the foreign country

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 43

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 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	Yes	No
		46	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	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	Yes	No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
49b	b If 'Yes,' was the related organization a section 527 organization?	Yes	No
		49b	

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

(a) Name and 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'

(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 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 <i>Marlene Lazachek</i>	Date <i>2/10/18</i>
	Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>James R. Schneider, CPA</i>	Date <i>2/8/18</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P00273709</i>
	Firm's name ▶ <i>James R. Schneider, CPA</i>	Firm's EIN ▶ <i>27-4622548</i>		Phone no <i>(262) 251-7832</i>	
	Firm's address ▶ <i>N96W17695 Riversbend Cir W Ste 102</i>	<i>Germantown WI 53022-6417</i>			

May the IRS discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

AMERICAN CRIBBAGE CONGRESS

Employer identification number

56-1275233