Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493126000489 OMB No 1545-0047

foundations)

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

On the security numbers of the secur

nterna	l Reveni	ue Service	► Information about	: Form 990 and its instructions is at <u>wi</u>	<u>vw IKS qov,</u>	<u>/ TOTM99U</u>		Inspection				
A F	or the	2017 ca	alendar year, or tax year beginr	ning 10-01-2017 , and ending 09-	30-2018							
		plicable	C Name of organization NATIONAL ASSOCIATION OF BASKET	BALL COACHES		D Employe	er identifi	cation number				
	dress cł me chai	-	% STEPHANIE WHITCHER	5/122 56/16/125		31-1626	5159					
	me cnai tial retu	-	Doing business as									
		terminated	NABC			E Telephon	e number					
	nended i	return n pending	Number and street (or P O box if ma 1111 MAIN STREET STE 1000	Il is not delivered to street address) Room/	suite	·	78-6222					
— · .p.	pilodeloi	· ponding	City or town, state or province, count	ry, and ZIP or foreign postal code		(010) 0	70 0222					
			KANSAS CITY, MO 64105			G Gross re	ceıpts \$ 9,	036,909				
			F Name and address of principal JIM HANEY	officer	H(a) I	s this a group ref	turn for					
			1111 MAIN STREET STE 1000			ubordinates? ire all subordinat	.05	☐Yes ☑No				
Ta	v-evemi	pt status	KANSAS CITY, MO 64105		┤ `´ 'r	ncluded?		☐ Yes ☐No				
				insert no)	1	f "No," attach a l Group exemption		•				
VV-	ebsite	::► WW	W NABC COM		(5)	sroup exemption	Hullibel					
(Forn	n of org	janization	☑ Corporation ☐ Trust ☐ Assoc	lation ☐ Other ►	L Year of	formation 1994	M State	of legal domicile KS				
		_										
Pa	rt I	Sumi	mary cribe the organization's mission or	most significant activities								
υ U		EE SCHE										
governance	=											
Ě	-											
Ž	2 (Check this	s box >	continued its operations or disposed of	more than	25% of its net a		22				
	l			g body (Part VI, line 1a)			3	23				
<u> </u>			,				5	13				
ACHVILLES &			al number of individuals employed in calendar year 2017 (Part V, line 2a)									
₹ •			·	VIII, column (C), line 12			7a	35,242				
	b≀	7b	-12,227									
						Prior Year		Current Year				
đị.		Contributi	900	35,000 3,912,731								
Ravenua		-	ogram service revenue (Part VIII, line 2g)									
Ç.			nt income (Part VIII, column (A), l		124,5		203,350					
			enue (Part VIII, column (A), lines l	t equal Part VIII, column (A), line 12)		5,841,1 9,827,8		4,742,724 8,893,805				
	_		id similar amounts paid (Part IX, co			87,5	_	63,800				
			paid to or for members (Part IX, co	0	0							
x ?	15 9	Salaries, o	other compensation, employee ber	nefits (Part IX, column (A), lines 5–10)	,	2,446,4	196	2,193,791				
Expenses	16a F	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)			0	0				
χbe	Ь⊤	otal fundr	aısıng expenses (Part IX, column (D), lin									
ш		•	penses (Part IX, column (A), lines 1	•	6,130,1		5,651,942					
			enses Add lines 13–17 (must equa			8,664,1	_	7,909,533				
ي	19 1	kevenue i	less expenses Subtract line 18 fro	m line 12	Regin	1,163,7 ning of Current Y		984,272 End of Year				
Net Assets of Fund Balances						g or carrene i						
Bat	20 ⊺	Total asse	ets (Part X, line 16)			5,535,3	366	6,402,488				
			ilities (Part X, line 26)			<u>`</u>	066	621				
			s or fund balances Subtract line 2	1 from line 20		5,532,3	300	6,401,867				
	t III penal		ature Block erjury, I declare that I have examii	ned this return, including accompanyir	ng schedules	s and statements	s, and to	the best of my				
nowl		and belief		Declaration of preparer (other than of								
III Y K	ilowiec	ıye Li										
		****** Signatu	re of officer			2019-08-15 Date						
Sign Here		,										
	•		NEY EXECUTIVE DIRECTOR r print name and title									
			rint/Type preparer's name	Preparer's signature	Date		PTIN					
Paid	t	М	ichael J Engle	Michael J Engle	2019-08-15	Check L If F	200482834					
^o re _l	pare	· -	rm's name BKD LLP			Firm's EIN ►						
_	Onl	1 5	rm's address ► 1201 Walnut Suite 1700			Phone no (816)	221-6300					
			Kansas City, MO 64106									
			this return with the preparer show	<u> </u>			✓ Y	es				
or P	aperv	vork Rec	duction Act Notice, see the sepa	irate instructions.	Cat 1	No 11282Y		Form 990 (2017)				

Form	990 (2017)				Page 2
Part	Stater	nent of Program Service A	ccomplishments		
	Check if	f Schedule O contains a response	or note to any line in this i	Part III	🗹
1		e the organization's mission			
SEE S	CHEDULE O				
	5.1.1				
2	-	zation undertake any significant p 990 or 990-EZ?	-	e year which were not listed on	☐ Yes ☑ No
		□ Yes ▼ No			
3		be these new services on Schedu zation cease conducting, or make		ut conducto any program	
3	services?	. □Yes ☑No			
		. Fes Mo			
4		be these changes on Schedule O		t- thus laws to me and a second	
7				ts three largest program services, as n imount of grants and allocations to oth	
	expenses, and	revenue, if any, for each prograi	n service reported	-	•
	(Code) (Expenses \$	0 including grants	of \$ 0)(Revenue \$	0)
4 a	See Additional Da		o including grants	o) (Revenue \$	0)
4b	(Code) (Expenses \$	0 including grants	of \$ 0)(Revenue \$	0)
	See Additional Da	ata			
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule (D)		
	(Expenses \$	•	ng grants of \$) (Revenue \$)
	Tatal nuanuau	n service expenses ▶	0		

Yes

Page 3

No

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

No

No

No

Nο

Form **990** (2017)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . 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 💆

Checklist of Required Schedules

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Section 501(c)(3) organizations.

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?

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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?

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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*

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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Yes 6 7

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11a

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11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2017)

Yes

Yes

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		No

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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)?

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

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 40			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
		2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
٦-		,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Tt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	Vo" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	23		
	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 1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	e 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following	У		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	<u></u> -	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	125	V	
С	conflicts?	12b	Yes	
13	Schedule O how this was done	ا - د ا	.,	
		12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?			
15	Did the organization have a written document retention and destruction policy?	13	Yes Yes	
15 a	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes	
15 a	Did the organization have a written document retention and destruction policy?	13	Yes Yes	
15 a b	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes	
15 a b 16a	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No
15 a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes	No

(A)

Name and Title

(F)

Estimated

(E)

Reportable

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

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

(C)

Position (do not check more

(D)

Reportable

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

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Name and Title

112 NORTH CAMERON STREET SUITE 2

compensation from the organization ▶ 6

WINCHESTER, VA 22601

BASKETBALL PROM EVENTS LLC,

ROPES GRAY LLP, 800 BOYLSTON STREET BOSTON, MA 02199

104 RIVERCHASE DR HENDERSONVILLE, TN 37075

700 W WASHINGTON INDIANAPOLIS, IN 46206

NCAA,

FREEMAN,

PO BOX 650036 DALLAS, TX 75265 Average

hours per

week (list

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

compensation

Page 8

267,652

275,000

320,000

123,125

Form 990 (2017)

		any hours		direc	.tor/	trust	tee)	•		ation (W-			from	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	.)	organizat relat organiza	ed
See	Addıtıonal Data Table													
	_			T	\dagger	1	1							
				+	+	+	+	+						
				\vdash	+	+	+-	\vdash				+		
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					T									
				+	+	\dagger	+	\vdash						
				\vdash	+	+	+	\vdash				\dashv		
h (Sub-Total				丄	Щ.	▶					\perp		
	Total from continuation sheets to Pa			•	• •		•							
d.	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u> </u>	<u></u> .		▶		1,	684,422		0		258,08
2	Total number of individuals (including of reportable compensation from the			se list	:ed a	ıbov	e) who	rec	eived mo	re than \$	100,000			
													Yes	No
3	Did the organization list any former of								ghest cor	mpensate	d employee on			
	line 1a? If "Yes," complete Schedule J			-	-	-	• •	_		•		3		No
ļ	For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	
5	Did any person listed on line 1a receiv	ve or accrue co	mpensa	tıon f	from	any	unrela	ated	organiza	tion or inc	dividual for	<u> </u>	'	
	services rendered to the organization	?If "Yes," compl	lete Sch	redule	e J fo	or sı	ıch per	rson				5		No
	ection B. Independent Contract				_	_				<u> </u>				
L	Complete this table for your five higher from the organization. Report comper											mpen	sation	
	<u> </u>	(A)					•	-			(B)		(0	
LUE	RIDGE SPORTS ENTERTAINMENT,	and business addre	ess							Des TOURNAME	cription of services ENT MGMT		Comper	134,650
										i .				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Position (do not check more

than one box, unless person

is both an officer and a

Reportable

compensation

from the

ATTORNEY

MARKETING

EVENT PROMOTER

GEN SRVC CONTRACTOR

Reportable

compensation

from related

Part \	VΙ			a recno	onse or note to an	v line in t	·hic Dart \/II	т				П
		Check ii Scheddi	e O contains	a respo	onse of flote to all	((A) revenue	Rel e> fu	(B) ated or cempt nction	(C) Unrelate busines revenue	ed s	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				re	venue			512-514
ınts		b Membership dues		1b								
Gra moi		c Fundraising events		1c								
ffs. P. A.		d Related organizatio	ns	1d								
E. G.		e Government grants (co	ontributions)	1e								
Sin		f All other contributions, and similar amounts no	gifts, grants,									
Contributions, Gifts, Grants and Other Similar Amounts		above g Noncash contribution		1f 35,0	35,000							
Con		h Total.Add lines 1a-1					35,000					
					Busines	s Code	33,000					
12.5	2 a	MEMBERSHIP DUES				900099	!	523,410	523	,410		
å	b convention				900099	1,9	907,449	1,907	,449			
ر ا		CBE HALL OF FAME CLA	SSIC			900099	1,4	146,630	1,446	,630	24.54	0
<u>\$</u>	d publications e merchandise					519100 453000		24,540 10,702			24,54 10,70	1
E a						133000		10,702			10,70	
Program Service Revenue		All other program se			3	,912,731				'		•
_		Total.Add lines 2a-2f			<u> </u>			1		I		
		Investment income (ii similar amounts) .			interest, and othe	r ▶	156,05	60				156,050
		Income from investme	ent of tax-exe	empt b	ond proceeds	▶		0				
	5 Royalties			<u>▶</u>	4,738,78	55	4,735,500			3,285		
	62	Gross rents	(ı) Rea	1	(II) Personal	-						
	-	2 01035 10115										
	Ł	b Less rental expenses										
		c Rental income or		0		0						
	_	(loss)	(1)									
	(d Net rental income o	r (loss) (ı) Securi		(II) Other			0				
	7a	Gross amount from sales of assets other than inventory	, ,	190,404	, ,							
	ŀ	b Less cost or other basis and sales expenses	other basis and 140,415 2									
	•	C Gain or (loss)		49,989	-2,6	89						
		d Net gain or (loss) .			•		47,30	0				47,300
Other Revenue	8a	Gross income from fi (not including \$ contributions reporte See Part IV, line 18	d on line 1c)	of		0						
Se	Ŀ	b Less direct expense		ь		0						
er	(c Net income or (loss)	from fundrais	sıng ev	ents ▶			0				
t o	9a	Gross income from g See Part IV, line 19		ies								
_		See Fare IV, mile 15		а	}	0						
		Less direct expenses Net income or (loss)		b activit		0		0				
:	10	a Gross sales of invent returns and allowand		a		0						
	Ŀ	b Less cost of goods s	old	b		0						
		Net income or (loss)		finvent	tory >			0				
		Miscellaneous			Business Code							
	11	La _{REBATES}			9000	99	3,93	19				3,939
	t	<u> </u>										
	ď	<u> </u>										
		A All III				4						
		d All other revenue . Total. Add lines 11a	 -11d									
							3,93	19				
	14	2 Total revenue. See	THECTUCTIONS	• •	· · · •		8,893,80	5	8,612,989		35,242	210,574 Form 990 (2017)

Form 990 (2017)					Page 10
Part IX Statement of Functional I Section 501(c)(3) and 501(c)(4) organization		lumns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a re	sponse or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on line 7b, 8b, 9b, and 10b of Part VIII.	s 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic domestic governments See Part IV, line	organizations and 21	63,800			
2 Grants and other assistance to domestic IV, line 22	individuals See Part	0			
3 Grants and other assistance to foreign of governments, and foreign individuals. See and 16		0			
4 Benefits paid to or for members		0			
5 Compensation of current officers, director key employees	rs, trustees, and	1,255,604			
6 Compensation not included above, to dis defined under section 4958(f)(1)) and persection 4958(c)(3)(B)		16,728			
7 Other salaries and wages		678,520			
8 Pension plan accruals and contributions (k) and 403(b) employer contributions)		62,360			
9 Other employee benefits		84,237			
10 Payroll taxes	[96,342			
11 Fees for services (non-employees)					
a Management		0			
b Legal		172,318			
c Accounting		5,720			
d Lobbying		0			
e Professional fundraising services. See Pa	F-	0			
f Investment management fees	· –	0			
g Other (If line 11g amount exceeds 10% (A) amount, list line 11g expenses on Sc	of line 25, column	0			
12 Advertising and promotion		21,000			
13 Office expenses		30,931			
14 Information technology	– –	270			
15 Royalties	<u> </u>	887,207			
16 Occupancy	📙	109,378			
17 Travel		57,243			
18 Payments of travel or entertainment exp federal, state, or local public officials .	enses for any	0			
19 Conferences, conventions, and meetings		2,281,036			
20 Interest		0			
21 Payments to affiliates	`.`.` 	0			
22 Depreciation, depletion, and amortization	, · ·	12,224			
23 Insurance	'	23,395			
24 Other expenses Itemize expenses not or miscellaneous expenses in line 24e If lir exceeds 10% of line 25, column (A) amo expenses on Schedule O)	e 24e amount	20,000			
a CBE CLASSIC TOURNAMENT		1,347,111			
b GUARDIANS OF THE GAME AWARD		151,605			
c SPECIAL PROJECTS		58,798			
d ALL STAR GAME		68,950			
e All other expenses		424,756			
25 Total functional expenses. Add lines 1	. through 24e	7,909,533			
Joint costs. Complete this line only if the reported in column (B) joint costs from a educational campaign and fundraising so	e organization i combined licitation				
Check here ▶ ☐ If following SOP 98-2	(ASC 958-720)				

4

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

1,629,232

605.394

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21,119

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116,131

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5,532,300

5.535.366

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5,535,366

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Page **11**

1,956,106 397,025

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177.513

27,781

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6.401.867

6,401,867

6.402.488

Form **990** (2017)

3.565.898

278,165

6.402.488

Check if Schedule O contains a response or note to any line in this Part IX .

Accounts receivable, net .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Investments—other securities 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

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

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

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11 .

basis Complete Part VI of Schedule D

Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

1	Cash-non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net

- trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 II of Schedule L . . .
- Loans and other receivables from current and former officers, directors, Loans and other receivables from other disqualified persons (as defined under

10a

10b

771,502

743.721

Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges .

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,	,893,805
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,	,909,533
3	Revenue less expenses Subtract line 2 from line 1	3			984,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,	,532,300
5	Net unrealized gains (losses) on investments	5		-	114,705
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,	,401,867
Par	t XII Financial Statements and Reporting	1			
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	TORY THE DOCUMENT OF THE PROPERTY OF THE PROPE		1		

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight **2**c

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Yes

Form **990** (2017)

3b

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

Audit Act and OMB Circular A-133? 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

Additional Data



Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

THE HALL OF FAME CLASSIC IS A PRE-SEASON COLLEGE BASKETBALL TOURNAMENT HELD IN KANSAS CITY, MO EIGHT TEAMS FROM ACROSS THE NATION COMPETE IN THE ANNUAL EVENT WITH FOUR OF THE TOP TEAMS IN THE COUNTRY SERVING AS HOSTS HOST ROUND ACTION TAKES PLACE IN NOVEMBER WITH THE FOUR HOSTS ADVANCING TO THE CHAMPIONSHIP ROUNDS THE FOLLOWING WEEK IN KANSAS CITY. MO THE REMAINDER OF THE FIELD WILL PARTICIPATE IN HOME AND AWAY

Form 990, Part III, Line 4b:

GAMES, EVERY PARTICIPATING TEAM IS GUARANTEED FOUR GAMES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	ally llours						Organization	organizations	moniture	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BILL SELF DIRECTOR/PRESIDENT	2 0	×		x				0	0	0
CHARLIE BROCK DIRECTOR/1ST VICE PRESIDENT	2 0	×		x				0	0	0
GARY STEWART	2 0	x						0	0	0

CHARLIE BROCK	2 0	×	×		0	
DIRECTOR/1ST VICE PRESIDENT	0 0					
GARY STEWART	2 0					
	•••••	X			0	
DIRECTOR	0 0					
MIKE BREY	2 0					
		X	X		0	
DIRECTOR/2ND VICE PRESIDENT	0 0					

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and Independent Contractors

LENNIE ACUFF

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RON HUNTER

JOHN CALIPARI

JOHN THOMPSON III

JAMIE DIXON

JOHNNY DAWKINS

......

DIRECTOR/PAST PRESIDENT-2016

......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFF JONES DIRECTOR/PAST-PRESIDENT 2017	2 0	×		×				0	0	0
MATT MARGENTHALER DIRECTOR	20	×						0	0	0
DAVE ARCHER DIRECTOR	2 0	×						0	0	0

0 0								
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	1						J	
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and Independent Contractors

PAT CUNNINGHAM

TOMMY AMAKER

DIRECTOR

DIRECTOR

BILL COEN

DIRECTOR

ED COOLEY

DIRECTOR

DIRECTOR

DIRECTOR

FRANK MARTIN

MATT PAINTER

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer from the from related compensation

and Independent Contractors

EXECUTIVE DIRECTOR

DEPUTY EXECUTIVE DIRECTOR

SENIOR DIRECTOR OF COMMUNICATI

.....

......

WILLIAM R MINTON

RICHARD LEDDY

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

	week (list any hours					office ustee)		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THOM MCDONALD	2 0	х						0	0	0
DIRECTOR	0 0							ď	0	0
BOB HUGGINS	2 0	· ·								
DIRECTOR	0 0	X						0	U	0
CUONZO MARTIN DIRECTOR	2 0	х						0	0	0
BRIAN WELCH TREASURER	3 0			х				27,196	0	0
STEPHANIE WHITCHER	40 0			,				450 500		05.704
CHIEF FINANCIAL OFFICER	0 0			X				159,709	0	25,734
JIM HANEY	40 0									

0 0 40 0

0 0 40 0

0 0

......

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1,150,206

247,220

100,091

Х

177,500

44,890

9,964

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493126000489

▶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.

Open to Public Inspection

		n Form 990, Part IV, Line 3, or Form 9 Inplete Parts I-A and B Do not complete		e 46 (Political Ca	mpaign	Activities), then
		01(c)(3)) organizations Complete Part		Do not complete	Part I-B	
	Section 527 organizations Complet) at
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s				
		t have NOT filed Form 5768 (election under s				
If the	e organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Ta				
	xy Tax) (see separate instruction					
	Section 501(c)(4), (5), or (6) organiz me of the organization	zations Complete Part III		Emplo	vor ide	ntification number
	TIONAL ASSOCIATION OF BASKETBALL C	OACHES		Emplo	yei ide	illillation number
				31-162		
Par	t I-A Complete if the organ	nization is exempt under section	on 501(c) or is	a section 527	organ	ization.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political car	mpaign activities ir	Part IV (see insti	ructions	for definition of
2	Political campaign activity expend	itures (see instructions)			>	\$
3	Volunteer hours for political camp	aign activities (see instructions)				<u></u>
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise ta	ex incurred by the organization under s	ection 4955		>	\$
2	Enter the amount of any excise ta	ex incurred by organization managers u	nder section 4955		>	\$
3	If the organization incurred a sect	cion 4955 tax, did it file Form 4720 for	this year?			☐ Yes ☐ No
4a	Was a correction made?		·			☐ Yes ☐ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organ	nization is exempt under section	on 501(c), exce	pt section 50	1(c)(3).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	>	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other c	organizations for se	ection 527 exempt	.	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	•	\$
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organizatioi olitical organizatio	n's funds	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none -0-	ition's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1						
2						
3						
4						

Schedule C (Form 990 or 990-EZ) 2017

Grassroots lobbying expenditures

В	Check If the filing organization checked box A	A and "limited control" provisions apply		
	Limits on Lobbying (The term "expenditures" means	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1c and	d 1d)		
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both		
	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		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -	0-		
i	Subtract line 1f from line 1c If zero or less, enter -0	-		
-				

the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
t over \$500,000	20% of the amount on line 1e	j	
er \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
er \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<u> </u>	
er \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	i	
er \$17,000,000	\$1,000,000	†	
assroots nontaxable amount (enter 25% of line 1) btract line 1g from line 1a If zero or less, enter -	0-		
btract line 1f from line 1c If zero or less, enter -0)-		
there is an amount other than zero on either line ction 4911 tax for this year?	1h or line 1i, did the organization file Form 472	20 reporting	☐ Yes ☐ No

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total

beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount

(150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Page 2

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Schedule C (Form 990 or 990EZ) 2017

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

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.

2017

DLN: 93493126000489OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Open to Public Inspection

	of the organization NAL ASSOCIATION OF BASKETBALL COACHES				zinpioyer ic	lentification number
					31-1626159	
art					Accounts.	
	Complete if the organization answered "Y	· ·	Part IV, lır advised fu		/h\\\\-	ds and other accounts
Ta	stal number at and of year	(a) Donoi	advised ru	nas	(b)Fund	as and other accounts
	otal number at end of year					
_	ggregate value of contributions to (during year)					
_	ggregate value of grants from (during year)					
_	ggregate value at end of year					
	ed the organization inform all donors and donor advis rganization's property, subject to the organization's e			ld in donor adv	ised funds are	e the
cl	nd the organization inform all grantees, donors, and c haritable purposes and not for the benefit of the dono rivate benefit?	or or donor advisor, o	r for any ot	ther purpose co	nferring impe	ermissible 🔲 Yes 🔲
ΤÜ	Conservation Easements. Complete if t	he organization ai	nswered "	Yes" on Form	990, Part I	V, line 7.
P	urpose(s) of conservation easements held by the orga	anızatıon (check all t	hat apply)			
	\square Preservation of land for public use (e g , recreation	on or education)	☐ Prese	ervation of an h	istorically im	portant land area
Γ	Protection of natural habitat		☐ Prese	ervation of a ce	rtified historic	c structure
Γ	Preservation of open space					
C	omplete lines 2a through 2d if the organization held a	a qualified conservati	on contribu	tion in the form	of a conserv	/ation
	asement on the last day of the tax year	a quamica conscivac	011 001101104			at the End of the Yea
Тс	otal number of conservation easements				2a	
Тс	otal acreage restricted by conservation easements				2b	
Νı	umber of conservation easements on a certified histor	rıc structure ıncluded	ın (a)		2c	
	umber of conservation easements included in (c) acquiructure listed in the National Register	uired after 8/17/06,	and not on	a historic	2d	
	umber of conservation easements modified, transferrax year ►	red, released, extingi	ushed, or te	erminated by th	ne organizatio	on during the
N	umber of states where property subject to conservati	on easement is locat	ed ▶			
D	loes the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitori		on, handling of	violations,	☐ Yes ☐ No
S	taff and volunteer hours devoted to monitoring, inspe	ecting, handling of vi	olations, an	d enforcing cor	servation eas	
	mount of expenses incurred in monitoring, inspecting	. handling of violatio	ns. and enf	orcing conserva	ation easemei	
	•\$,,	,	-		nts during the year
Þ				s of section 170		- '
D ar Ir b	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? The Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	l) above satisfy the r servation easements e footnote to the org	equirement	nue and expens	O(h)(4)(B)(ı) se statement,	Yes No
D ar Ir br th	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme III Organizations Maintaining Collections Complete if the organization answered "Y	iservation easements e footnote to the orgonts of Art, Historic, es" on Form 990,	equirement in its revei anization's al Treasu Part IV, lir	nue and expens financial staten res, or Othe ne 8.	O(h)(4)(B)(ı) se statement, nents that de r Similar A	Yes No No and scribes
D aı Ir bı th	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? The Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme to the organization's accounting for conservation easement.	servation easements of footnote to the organisms of Art, Historica es" on Form 990, 16 (ASC 958), not to r public exhibition, e	equirement in its revei anization's al Treasu Part IV, lin preport in it	nue and expens financial staten res, or Othe ne 8. ts revenue state	O(h)(4)(B)(ı) se statement, nents that de r Similar A ement and ba	Yes No and scribes
D an Irr both the Irr Irr Irr Irr Irr Irr Irr Irr Irr Ir	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme II Organizations Maintaining Collections Complete if the organization answered "Y The organization elected, as permitted under SFAS 1 rt, historical treasures, or other similar assets held fo	isservation easements of footnote to the organisms of Art, Historica es" on Form 990, 16 (ASC 958), not to republic exhibition, evancial statements tha 16 (ASC 958), to republic exhibition of the control of the contr	equirement in its reveluanization's all Treasu Part IV, line report in it ducation, of t describes port in its re-	res, or Othene 8. ts revenue stater research in futhese items	o(h)(4)(B)(I) se statement, nents that de r Similar A ement and ba rtherance of p nt and balance	Yes No and scribes Assets. Alance sheet works of public service, the sheet works of art,
D all Ir by the Iff all plus Iff his form	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the eorganization's accounting for conservation easeme II Organizations Maintaining Collections Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rt, historical treasures, or other similar assets held for orovide, in Part XIII, the text of the footnote to its final the organization elected, as permitted under SFAS 1 istorical treasures, or other similar assets held for pullistorical treasures, or other similar assets held for pullistorical treasures, or other similar assets held for pullistorical treasures.	isservation easements of footnote to the organisms of Art, Historica es" on Form 990, 16 (ASC 958), not to republic exhibition, evancial statements tha 16 (ASC 958), to republic exhibition of the control of the contr	equirement in its reveluanization's all Treasu Part IV, line report in it ducation, of t describes port in its re-	res, or Othene 8. ts revenue stater research in futhese items	o(h)(4)(B)(I) se statement, nents that de r Similar A ement and ba entherance of publicance of publicance	Yes No and scribes Assets. Alance sheet works of public service, the sheet works of art, or service, provide the
Ir b. th	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collections Complete if the organization answered "Y The organization elected, as permitted under SFAS 1 It, historical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its final storical treasures, or other similar assets held for pullistorical treasures.	isservation easements of footnote to the organisms of Art, Historica es" on Form 990, 16 (ASC 958), not to republic exhibition, evancial statements tha 16 (ASC 958), to republic exhibition of the control of the contr	equirement in its reveluanization's all Treasu Part IV, line report in it ducation, of t describes port in its re-	res, or Othene 8. ts revenue stater research in futhese items	o(h)(4)(B)(I) se statement, nents that de r Similar A ement and ba ertherance of p nt and balance rance of publi	Yes No and scribes Assets. Alance sheet works of public service, the sheet works of art, or service, provide the
Do all Irr both the state of th	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concludes a sheet, and include, if applicable, the text of the organization's accounting for conservation easeme II Organizations Maintaining Collections Complete if the organization answered "Y The organization elected, as permitted under SFAS 1 It, historical treasures, or other similar assets held for rovide, in Part XIII, the text of the footnote to its final the organization elected, as permitted under SFAS 1 istorical treasures, or other similar assets held for pulliplications are similar assets held for pulliplications. Revenue included on Form 990, Part VIII, line 1 isssets included in Form 990, Part X The organization received or held works of art, historical treasures.	iservation easements e footnote to the organts of Art, Historic. es" on Form 990, 16 (ASC 958), not to republic exhibition, education education, education	equirement in its reversal Treasu Part IV, lire report in it describes port in its retion, or res	res, or Othene 8. Its revenue state these items evenue stateme earch in further	operations of public parts and balance of public parts and balance and public parts are public parts.	Yes No and scribes Assets. Alance sheet works of public service, the sheet works of art, or service, provide the
Ir both for the formula of the formu	roes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports concludes a sheet, and include, if applicable, the text of the organization's accounting for conservation easeme II Organizations Maintaining Collections Complete if the organization answered "Y and the organization elected, as permitted under SFAS 1 for the organization elected, as permitted under SFAS 1 for the organization elected, as permitted under SFAS 1 istorical treasures, or other similar assets held for pulpilowing amounts relating to these items Revenue included on Form 990, Part VIII, line 1 issets included in Form 990, Part X	iservation easements e footnote to the organts of Art, Historic. es" on Form 990, 16 (ASC 958), not to republic exhibition, education education, education	equirement in its reversal Treasu Part IV, lire report in it describes port in its retion, or res	res, or Othene 8. Its revenue state these items evenue stateme earch in further	operations of public parts and balance of public parts and balance and public parts are public parts.	Yes No and scribes Assets. Alance sheet works of public service, the sheet works of art, or service, provide the

Par	t III	Organizations Maintaining C	ollections of Art, I	Histori	ical T	reas	ures, oi	r Other	Similar A	.ssets (continued)
3		the organization's acquisition, access (check all that apply)	ion, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of its	s collection
a		Public exhibition		d		Loar	n or excha	ange prog	grams		
b		Scholarly research		е		Othe	er				
С		Preservation for future generations									
4	Provid Part X	de a description of the organization's of the organization's of the organization of th	collections and explain	how the	ey furt	her th	ne organiz	zation's e:	xempt purpo	ose in	
5	Durin assets	g the year, did the organization solicit s to be sold to raise funds rather than	or receive donations of to be maintained as p	of art, h art of th	istorica ne orga	al trea anızat	asures or ion's colle	other simection?	nılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization an X, line 21.		m 990), Part	: IV,	line 9, o	r reporte	ed an amoi	unt on i	Form 990, Part
1a		organization an agent, trustee, custo led on Form 990, Part X?	dian or other intermed	liary for	contri	butioi	ns or othe	er assets	not	☐ Y€	es 🗆 No
ь	If "Ye	s," explain the arrangement in Part X	III and complete the fo	llowing	table				Δ	Amount	
c		ning balance						1c			
d	_	ons during the year						1d			
е		butions during the year						1e		-	
f	Endın	g balance						1f			
2a		e organization include an amount on	Form 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount li	ability?	Y€	es 🗆 No
b		s," explain the arrangement in Part X:							·		
Pa	irt V	Endowment Funds. Complete	ıf the organization	answei	red "Y	es" o	n Form	990, Pai	rt IV, line 1	10.	
			(a)Current year	(b) P	rior yea	ir	(c)Two y	ears back	(d)Three ye	ars back	(e)Four years back
	_	ing of year balance									
		outions									
		estment earnings, gains, and losses									
		or scholarships									
е		expenditures for facilities ograms									
f	Admini	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the cu	rrent year end balance	(line 1	g, colu	mn (a	a)) held a	S			
а	Board	designated or quasi-endowment >									
b	Perma	anent endowment 🟲									
С	Temp	orarily restricted endowment 🟲									
	•	ercentages on lines 2a, 2b, and 2c sh	•								
За	organ	nere endowment funds not in the poss rization by	ession of the organizat	tion tha	t are h	ield ar	nd admini	istered fo	r the	_	Yes No
		nrelated organizations			•					_	a(i) a(ii)
b		elated organizations s" on 3a(ii), are the related organizati		on Sche	· · edule R	٠,	• •				3b
4		be in Part XIII the intended uses of t	•								
Pa	rt VI	Land, Buildings, and Equipm	ent.								
		Complete if the organization an									
	Descri	ption of property (a) Cost or (invest		or other	basis (other)	(c) Acc	umulated o	depreciation		(d) Book value
1 a	Land										
b	Building	gs									
С	Leaseh	old improvements									
d	Equipm	nent			7	71,502	2		743,721		27,781
e	Other										_
Tota	al. Add	lines 1a through 1e (Column (d) must	equal Form 990, Part	X, colui	mn (B)	, line	10(c))		>		27,781

	See Form 990, Part X, line 12.					
	(a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of t or end-of-ye	f valuation ar market value
	Il derivatives					
(3) Other		<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Fotal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. Pa	art IV. lın	e 11c. See F	orm 990. Pa	rt X. line 13.
	(a) Description of investment		ok value		(c) Method o	
(1)				Cos	t or end-or-ye	ar market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(8)						
(9)	n (b) must equal Form 990. Part X. col (B) line 13)	•				
(9) Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered (a) Description		n 990, Parl	: IV, line 11d	See Form 990	
(9) Fotal. (Colum Part IX			n 990, Part	: IV, line 11d	See Form 990	, Part X, line 15 (b) Book value
(9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Parl	: IV, line 11d	See Form 990	
(9) Fotal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answered		n 990, Parl	: IV, line 11d	See Form 990	
Fotal. (Column Part IX 1) (2) (3)	Other Assets. Complete if the organization answered		n 990, Parl	: IV, line 11d	See Form 990	
Fotal. (Colum Part IX 1) 2) 33)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88)	Other Assets. Complete if the organization answered		n 990, Pari	: IV, line 11d	See Form 990	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a					(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 88) 9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		• • •			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		• • •	m 990, Part		(b) Book value
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Fotal. (Column 1) 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column 1) Federal I 1) Federal I 2)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		• • •	m 990, Part		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 33 44 44 55 66 69 77 88 1. 1) Federal (Column Part X 1) Federal	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 33 44 4 55 66 69 77 11 Federal (Column Part X 1) Federal (Column	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 33 44 4 55 66 69 77 11 Federal (Column Part X 1) Federal (Column	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
(9) Fotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		· ·	m 990, Part		(b) Book value

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) $\ .$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5		1c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 22d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Additional Data Table					

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version:

IONS IN A TIMELY MANNER

EIN: 31-1626159 Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

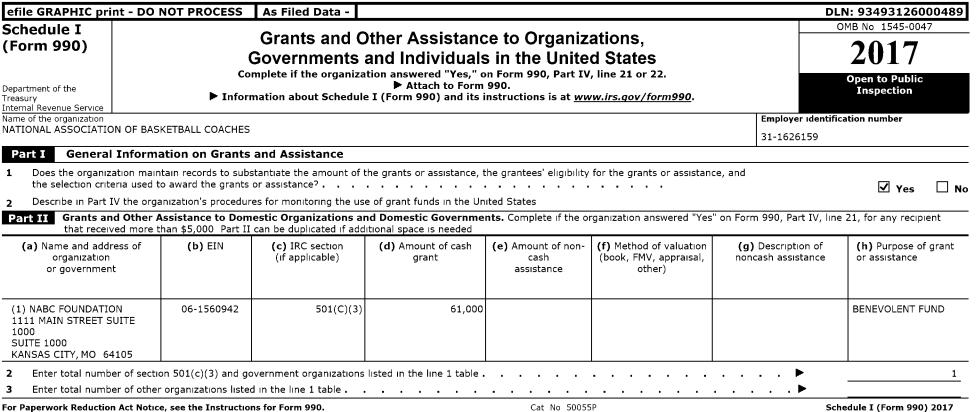
Supplemental Information Return Reference

Explanation

Software ID:

SCHEDULE D, PART X, LINE 2

NABC HAS ADOPTED THE STANDARDS REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS UNDER ASC T OPIC 740, INCOME TAXES AS A RESULT, NABC MANAGEMENT EVALUATES ITS TAX POSITION ANNUALLY F OR ANY POTENTIAL CHANGES OR ISSUES THAT MAY RESULT IN UNCERTAINTY IN THE ACCOUNTING FOR IN COME TAXES AT SEPTEMBER 30, 2018 AND 2017, IT IS MANAGEMENT'S BELIEF THAT THE TAX STATUS OF THE NABC IS THAT OF A NOT-FOR-PROFIT ENTITY AND THEREFORE HAS MADE THE DECISION TO CLAS SIFY NABC AS TAX EXEMPT NABC HAS FILED ALL REQUIRED TAX RETURNS IN THE REQUIRED JURISDICT



Schedule I (Form 990) 2017						
Part III Grants and Other As			als. Complete if the orç	janızatıon answered "Yes'	s" on Form 990, Part IV, line 22	
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	Iditional information.
Return Reference	Explanation	on				
SCHEDULE I, PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ANY FUNDS THAT ARE CONTRIBUTED TO OTHERS ARE BASED UPON WRITTEN DOCUMENTATION REQUESTING SUCH PAYMENT. THE NABC'S PROCESS IS TO REQUE DOCUMENTATION SUPPORTING THE USE OF FUNDS REFORE THE APPROVAL OF THE CONTRIBUTIONS AND GRANTS. THE PROCESS REQUIRES THAT THE MONITORI					

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19312	26000	489	
Sch	nedule J	С	ompensati	on Information	00	1B No	1545-0	0047	
(Fori	m 990)		Compensa ganization answ	rustees, Key Employees, and Hig Ited Employees ered "Yes" on Form 990, Part IV to Form 990.	, line 23.	2017			
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions <i>qov/form990</i> .	is at		to Pul		
Nar	ne of the organiza		<u>www.msr</u>	907707111330	Employer identificat				
NAT	TONAL ASSOCIATIO	N OF BASKETBALL COACHES			31-1626159				
Pa	rt I Questi	ons Regarding Compensa	ation		31 1020133				
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b			
2				or allowing expenses incurred by all	- 1-2	2			
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked in line	e la'				
3	organization's C	EO/Executive Director Check a	ill that apply Don	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	☐ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No	
b		r receive payment from, a supp		fied retirement plan?		4b	Yes		
С	Participate in, o	r receive payment from, an equ	ııty-based comper	isation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons ar	d provide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6a			
b	Any related orga					6b			
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	rm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2017	

Part U Officers. Directors. Trustees. Kev Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

			y Employees, and Hi					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				t individual
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 STEPHANIE WHITCHER CHIEF FINANCIAL OFFICER	(i)	149,709	10,000	0	15,696	10,038	185,443	0
CHIEF THANCIAE OFFICER	(ii)	0	0	0	0	0	0	0
2 JIM HANEY EXECUTIVE DIRECTOR	(i)	649,879	200,000	300,327	177,500	0	1,327,706	300,000
	(ii)	0	0	0	0	0	0	0
3 WILLIAM R MINTON DEPUTY EXECUTIVE	(i)	237,220	10,000	0	20,836	24,054	292,110	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
	H							
	\vdash							
	_							
	T							
	1							

Schedule J (Form 990) 2017 Page 3 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. PART I. LINE 4B PAYMENTS OF \$150,000 ARE MADE INTO A DEFERRED COMPENSATION PLAN ANNUALLY AT THE ELECTION OF THE BOARD OF DIRECTORS. THE PAYMENTS ARE MAINTAINED IN AN INVESTMENT VEHICLE AND PAID EVERY TWO YEARS TO JIM HANEY THROUGH SEPTEMBER 30, 2019 2017 2017 ACCRUAL DISTRIBUTION JIM

Schedule J (Form 990) 2017

HANEY \$ 150,000 \$ 300,327

Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or 40b.	efile GRAPHI	C print - DO N	OT PROCESS	S As Fi	iled Data -					DI	LN: 93	4931	.260	00489
Department of the Treasun Internal Revenue Service Name of the organization Name of the organization of BASKETBALL COACHES Part I 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 1	Schedule L (Form 990 or 990	Comple	ete if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes Sc, or Form 99 th to Form 99	Tinterested Persons Yes" on Form 990, Part IV, lines 25a, 25b, 26, 1990-EZ, Part V, line 38a or 40b. 990 or Form 990-EZ.								
Part I 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 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization organization (c) Description of transaction (d) Corre Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (a) Name of logical field persons during the year under section (b) Relationship (c) Purpose (d) Loan to or from the logical field persons during the year under section (d) Corre Yes 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (d) Loan to organization (d) Loan to organization (e) Organization (f) Balance due organization	•	asurv	ormation abo	out Schedi) and its inst	ructio	ns Is	at	C	pen	to Pı	ublic
Part I 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 1 (a) Name of disqualified person			ALL COACHES						•	-	entifica	ition r	iumb	er
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes (d) Correct Yes														
## Total Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested Persons (b) Relationship (c) Purpose of loan (d) Loan to or from the Organization? (e) Original Amount (f) Balance organization? (f) Balance					Relationship be	tween disqua			(c) [escrip	tion of			rected? No
## Approved by the organization and principal amount of tax, if any, on line 2, above, reimbursed by the organization														
## Approved by the organization and principal amount of tax, if any, on line 2, above, reimbursed by the organization														
To From Yes No Yes No Yes No To No Yes No Ye	4958 3 Enter the a Part II Lo Correp (a) Name of	mount of tax, if ar ans to and/or mplete if the orgar orted an amount of (b) Relationship	From Interesting From 990, P	bove, reimbested Per red "Yes" or lart X, line !	sons. The Form 990-EZ, 5, 6, or 22 to or from the	Part V, line 3	8a, or Form 9	90, Par	t IV,	line 26	h) oved by rd or	(i) Writ	tten
· · · · · · · · · · · · · · · · · · ·				То	From			Yes	No		1	Yes		No
· · · · · · · · · · · · · · · · · · ·														
Control Andrew Brookly Bull and Brookly	 Total				•	<u> </u> ▶ \$								
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.							line 27							
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance		rested person (b) Relationship terested persor	between n and the				of assis	stanc	ce	(e) Pu	rpose (of assi	stance
										\dashv				

(1) SEE PART V			
Part V Supplemental Information			

Explanation

Schedule L (Form 990 or 990-EZ) 2017

(A) CAROL HANEY (B) CAROL HANEY IS A FAMILY MEMBER OF JIM HANEY, EXECUTIVE DIRECTOR (C)

Provide additional information for responses to questions on Schedule L (see instructions)

\$16,728 (D) EMPLOYEE COMPENSATION (E) NO

Return Reference

SCHEDULE L, PART IV, LINE 1

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349312	6000	489
SCF	IEDULE M		,	Ioncash Contri	hutione			OMB No 1	545-0	047
(For	m 990)							20	17	,
		►Complete if the ► Attach to Form	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 3	o	20	1 /	
Б	T			le M (Form 990) and its i	nstructions is at www.irs	.gov/	form990	Open to	Dub	lic
Intern	tment of the Treasury al Revenue Service							Inspe	ction	
	e of the organizat DNAL ASSOCIATION	i on OF BASKETBALL COAC	HES			Emplo	yer ident	ification n	umber	
						31-16	26159			
Pa	rt I Types	of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	1		(d) of determi ntribution a		s
1	Art—Works of art	t								
2	Art—Historical tr	easures .								
3	Art—Fractional in									
4	Books and public									
5	Clothing and hou goods	isehold								
6	Cars and other v									
7	Boats and planes									
8	Intellectual prope	erty								
9	Securities—Public	cly traded .								
10	Securities—Close	ely held stock .								
	Securities—Partr or trust interest	s								
	Securities—Misce									
13	Qualified conserve contribution—Hi structures	istoric								
14	Qualified conserve contribution—Of									
15	Real estate—Res	idential .								
16	Real estate—Cor	nmercial								
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory									
20	Drugs and medic	cal supplies .								
21	Taxidermy	 ha								
	Scientific specim									
	Archeological art									
	Other ► (-	X	2	35,000	FAIR	MARKET V	ALUE		
	SUMER GOODS)									
	Other ▶ (
27	Other • (
	Other ► (
29				ition during the tax year for 3, Part IV, Donee Acknowled		29				
	_		ē						Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property red of the initial contribution, a	and which is not required to			·		
b	If "Yes," describ	e the arrangement	ın Part II					30a		No_
31	Does the organi	zation have a gift ac	cceptance po	olicy that requires the reviev	v of any nonstandard contri	butions	5?	31	Yes	
322	_	_		or related organizations to se	·					
	contributions? If "Yes," describ			· · · · · · · · ·		•		32a	Yes	
	•		n amount in	column (c) for a type of pro	perty for which column (a)	ıs chec	ked.			
- -	describe in Part			21.2 (5) 10. a c/pc of pro	,,		,			
		on Act Notice see the	o Instruction	s for Form 000	Cat. No. 512271		School	lule M (Form	000) (2017\

Schedule M (Form 990) (2017)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS DURING THE YEAR
SCHEDULE M, PART I, LINE 32B	THE NABC RETAINS THE SERVICES OF A THIRD-PARTY MARKETING COMPANY TO RAISE SPONSORSHIPS FOR THE ANNUAL NABC CONVENTION SOME OF THE SPONSORSHIPS COME IN THE FORM OF PRODUCTS (I E , APPAREL) AS WELL AS CASH
	Schedule M (Form 990) (2017)

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493126000489
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o ▶ Information about	vide information for r 990-EZ or to prov ▶ Attach to Form Schedule O (Form	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ, 990 or 990-EZ) and its instru v/form990.	ions on n.	OMB No 1545-0047 2017 Open to Public Inspection
Name of the org NATIONAL ASSOCI	anization ATION OF	BASKETBALL COACHES			Employer identi 31-1626159	fication number
990 Schedule	e O, Su	pplemental Information	1			
Return Reference				Explanation		
FORM 990, PART I, LINE 1 & PART III, LINE 1	BEST II THE SE MISSICE BASKE BASKE PROFE COACH VALUE ADMIN 6 TO W THAT A ONLY E	NTERESTS OF THE GAME (PORT IN DOING SO, THE N IN 1 TO PROMOTE THE ID TBALL COACHES AND THE TBALL AT ALL LEVELS, 3 T SSIONALLY, EMOTIONALL' HES TO SERVE AS COMMU S, 5 TO ENLIGHTEN THE G ISTRATORS TO THE FACT VORK WITH THE LEGISLAT AFFECT BASKETBALL AND	OF BASKETBALL AS ABC HAS ESTABLIS EALS OF INTEGRITY PLAYERS WHOM T O PROVIDE MEMBE Y, FINANCIALLY, PH NITY OUTREACH AC ENERAL PUBLIC, M THAT COACHES AR VE ARM OF THE NA INTERCOLLEGIATE HLETE BUT ALSO T	CHES (NABC) HAS CONTINUAL WELL AS THE PLAYERS AND HED THE FOLLOWING GOALS Y, SPORTSMANSHIP AND TEA HEY COACH, 2 TO UNIFY CO ER SERVICES WHICH ADDRES YSICALLY AND SPIRITUALLY GENTS WHO ELEVATE MORAL EDIA, INSTITUTIONAL EDUCA E GOOD FOR THE SPORT AN ATIONAL COLLEGIATE ATHLET ATHLETICS, IN PARTICULAR HE ABILITY OF THE COACHIN	COACHES WHO AND OBJECTIVE MWORK AMONG ACHES ON ISSUE SO NEEDS OF THE TO ENCOURA TO ENCOURA TORS AND ATHLE THE YOUNG PE TIC ASSOCIATION IDENTIFYING ISS	PARTICIPATE IN ES TO PURSUE ITS MEN'S ES PERTAINING TO E COACH GE BASKETBALL EDUCATIONAL ETIC EOPLE THEY SERVE, I (NCAA) ON ISSUES UES THAT NOT

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 Reference	Explanation
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 POW ERS OF THE NABC. THE DIRECTORS ARE IDENTIFIED AND NOMINATED BY THE BOARD UPON ELECTION, 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 OCCU RS THE BOARD SHALL CONSIST OF NOT LESS THAN 13 (THIRTEEN) AND NOT MORE THAN 28 (TWENTY-EI GHT) VOTING DIRECTORS FROM NCAA DIVISION, I, THE DIRECTORS SHALL INCLUDE 15 (FIFTEEN) ATL. ARGE MEMBERS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COA CH AT A NCAA DIVISION I SCHOOL EXCEPT WITH THE APPROVAL OF THE ENTIRE BOARD, NOT MORE THAN 1 TWO (2) INDIVIDUALS FROM THE SAME ATHLETIC CONFERENCE MAY SERVE AS DIRECTORS FROM EACH 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 DIRECTORS THE REMAINING DIRECTORS INCLUDE INDIVIDUALS AND COACHES FROM NCAA DIVISION, I, II, OR III, THE NAIA, HIGH SCHOOL, OR WITH AFFILIATIONS TO MEMBERS WHO WOULD OTHERWISE BE PERMITTED TO JOIN THE BOARD IN ADDITION TO THE VOTING DIRECTORS DESCRIBED ABOVE. THE BOAR D MAY CONSIST OF 3 (THIREE) NON-VOTING EMERITUS DIRECTORS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COACH AT AN NCAA DIVISION I, DIVISION II OR DIVIS ION III SCHOOL, RESPECTIVELY, AND BACH MUST HAVE BEEN A FORMER VOTING MEMBER OF THE BOARD THE BOARD THE BOARD MAY CONSIST OF 3 (THIREE) NON-VOTING EMERITUS DIRECTORS, WITH EACH, AT THE TIME OF THEIR NOMINATION, CURRENTLY COACHING AS A HEAD COACH AT AN NCAA DIVISION I, DIVISION II OR DIVIS ION III SCHOOL, RESPECTIVELY, AND BACH MUST HAVE BEEN A FORMER VOTING MEMBER OF THE BOARD THE BOARD SHALL IDENTIFY AND NOMINATE THOSE INDIVIDUALS WHO SHALL BE ELECTED TO REPLACE T HOSE DIRECTORS (IN ACCORDANCE WITH THESE B

990 Schedule O, Supplemental Information

Return

LINE 7A

Reference	
	EACH BE AN EX-OFFICIO, NON-VOTING MEMBER OF THE BUDGET COMMITTEE THE BUDGET COMMITTEE WILL,
PART VI,	ANNUALLY, RECOMMEND A BUDGET FOR THE EXECUTIVE COMMITTEE'S APPROVAL THE EXECUTIVE COM MITTEE
SECTION A.	\mid CONDUCTS ITS AFFAIRS IN SUBSTANTIALLY THE SAME MANNER AS IS PROVIDED BY THE NABC'S BY-LAWS FOR THE \mid

Explanation

BOARD THE MEMBERS OF THE EXECUTIVE COMMITTEE REMAIN IN OFFICE AT THE DISC RETION OF THE BOARD

Return

Reference	
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

Explanation

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

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE NABC EXECUTIVE COMMITTEE (EXECUTIVE COMMITTEE) IS CHARGED WITH EVALUATING AND SETTING EXECUTIVE OFFICERS' COMPENSATION THE PROCESS IS PERFORMED PERIODICALLY. THE EXECUTIVE COMMITTEE HIRES AN INDEPENDENT COMPENSATION OF THE EXECUTIVE DIRECTOR, DEPUTY EXECUTIVE DIRECTOR, AND OTHER OFFICERS AND ISSUES THEIR FINDINGS. THE COMPENSATION SEPECIALIST WITH A NATIONAL ACCOUNTING FIRM WAS ENGAGED BY THE NABC. IN 2017, A COMPENSATION SPECIALIST WITH A NATIONAL ACCOUNTING FIRM WAS ENGAGED BY THE NABC. TO SPECIFICALLY PROVIDE ADD SSISTANCE TO NABC'S BOARD OF DIRECTORS IN CONNECTION WITH THE NEGOTIATION OF NEW COMPENSATION PLANS AND EMPLOYMENT AGREEMENTS FOR NABC'S EXECUTIVE DIRECTOR AND OTHER OFFICERS. THE COMPENSATION CONSULTANT'S SERVICES IN CONNECTION WITH THE NEGOTIATION OF THE EXECUTIVE DIRECTOR AND OTHER OFFICERS. THE COMPENSATION PLANS AND EMPLOYMENT AGREEMENTS ENTAILED AN UPDATE OF THE COMPENSATION ONALLYSIS FOR THE POSITIONS PERFORMED PREVIOUSLY FOR THE NABC. THE REVIEW WAS BASED ON RESEARCH AND ANALYSIS OF ORGANIZATIONS WITH POSITIONS REQUIRING EXPERTISE AND EXPERIENCE COMPARABLE TO THE NABC EXECUTIVE DIRECTOR AND OTHER OFFICER'S POSITIONS TAKING INTO ACCOUNT THE LOCATION OF THE PARTICULAR ORGANIZATIONS IN ADDITION TO REVIEWING THE COMPENSATION ANALYSIS, THE EXECUTIVE DIRECTOR AND OTHER OFFICER'S POSITIONS TAKING INTO ACCOUNT THE LOCATION OF THE PARTICULAR ORGANIZATIONS IN ADDITION TO REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER OFFICER'S POSITIONS TO THE OFFICER'S POSITIONS TO THE OFFICER'S POSITIONS OF THE PARTICULAR ORGANIZATIONS IN ADDITION TO REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AS WELL AS THE DEPUTY EXECUTIVE DIRECTOR AND OTHER OFFICERS' PERFORMANCE IN LIGHT OF THESE GOALS AND OBJECTIVES AND REVIEWS AND OTHER OFFICERS' PERFORMANCE IN LIGHT OF THESE GOALS AND OBJECTIVES AND REVIEWS AND RECOMMENDS THE EXECUTIVE COMMITTEE EVALUATES THE EXECUTIVE DIRECTOR. SPONTY EXECUTIVE DIRECTOR AND OTHER OFFICERS' COMPENSATION OF THE SECUTIVE COMMITTEE ALSO ANNUALLY REVIEWS AND APPROVES T

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FORM 990,	THE NABC HAS A PUBLIC INSPECTION POLICY WHICH STATES THAT THE NABC'S GOVERNING DOCUMENTS,	
PART VI,	CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC FOR REVIEW DURING	
SECTION C,	THE REGULAR BUSINESS HOURS AT 1111 MAIN STREET, SUITE 1000, KANSAS CITY, MO 64105 ANY REQUEST FOR	
LINE 19	SUCH FILING WILL BE FULFILLED WITHOUT CHARGE EXCEPT FOR THE COST TO REPRODUCE AND MAIL THE FILING	ı
	ALL REQUESTS MUST BE MADE IN PERSON OR IN WRITING IF THE REQUEST IS MADE IN PERSON, THE COPIES	ı
	SHALL BE PROVIDED IMMEDIATELY FOR ANY WRITTEN REQUESTS, THE NABC SHALL PROVIDED FILINGS WITHIN 30	ı
	DAYS OF THEIR REQUEST	1

Explanation