As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492273001489 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization AMERICAN ACADEMY OF MATRIMONIAL ☑ Address change LAWYERS 34-1469097 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 300 W WILSON BRIDGE RD STE 100 (614) 764-0681 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return WORTHINGTON, OH 43085 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust ☑ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts . . . . . . . . . 126,583 3 Membership dues and assessments . . . . . . . 3 4,700 4 118 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 1,069 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 132,470 10 Grants and similar amounts paid (list in Schedule O) 10 6,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 925 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 112,112 17 17 Total expenses. Add lines 10 through 16 119,037 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 13,433 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 141,717 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 155,150 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form	orm 990-EZ (2018)				Page <b>3</b>
Pa	Part V Other Information (Note the Schedule A and	d personal benefit contract statement requirements	in the	;	
	instructions for Part V ) Check if the organization used	d Schedule O to respond to any question in this Part V		<u> </u>	
				Yes	No
33		viously reported to the IRS? If "Yes," provide a	33		No
34	Were any significant changes made to the organizing or gover of the amended documents if they reflect a change to the organizers.				
· '- '=					

								Yes	No
	e organization engage, directly or indirec				opposition to	)			
	ates for public office? If "Yes," complete	<u>,                                      </u>		•			46		No
art VI	<b>Section 501(c)(3) organization</b> All section 501(c)(3) organizations	-	ons 47- 49b and 52	, and	complete th	ne table	s for li	nes 50	and
	51. Check if the organization used Schedule	,			•				
	Check if the organization used Schedule	e o to respond to any q	descion in this rait vi		<u></u>		· · · · i	Yes	No
Did the	e organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	durina	the tax vear	.7			
	," complete Schedule C, Part II	·····	· · · · · · ·	• •			47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)? I	If "Yes," complete Sche	edule E			48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?				49a		
If "Yes	," was the related organization a section	527 organization? .					49b		
	ete this table for the organization's five l					rustees a	nd key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	(b) Average	(c) Reportable	<del></del>	nter "None " I) Health ben	efits,	(e) Est	tımated	amour
` '	, ,	hours per week devoted to position	compensation (Forms W-2/1099-		ibutions to er enefit plans,		of othe	r compe	ensatio
		·	MISC)		erred compen				
	number of other employees paid over \$	,		<u> </u>		<b>-</b>			
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Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "							
Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "							
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Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None " each independent contra	actor						
Comple compe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of each of the contractory of other independent contractory.	highest compensated in s none, enter "None " each independent contro each receiving over s	\$100,000	<b>(b)</b> Ty	ype of service				
Comple compe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	rs each receiving over S	\$100,000	(b) Ty	ype of service	e (c)	Compe		
Comple compe  d Total  Did com	number of other independent contracto the organization complete Schedule A	rs each receiving over s	\$100,000	(b) Ty	ype of service	e (c)	Compe	s \( \bar{\text{N}} \)	
Comple compe  d Total  Did com ler penalt	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) Ty	ype of service	e (c)	Compe	s \( \bar{\text{N}} \)	
d Total Did com	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) Ty	ype of service	e (c)	Compe	s \( \bar{\text{N}} \)	
d Total  Did  com  ler penalt  wledge ar  any knov	number of other independent contracto the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	(b) Ty	ype of service	e (c)	Compe	s \( \bar{\text{N}} \)	
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Comple compe  d Total  Did com  er penalt wledge ar any knov  n re  id eparer	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over s  NOTE. All section 501(c  mined this return, include Declaration of prepai	\$100,000	st attac	ch a and statemeed on all infoi Date  Check if self-employed Firm's EIN	e (c)  PTIN P00256 31-11838	Ye to the of which	s \( \bar{\text{N}} \)	

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## **Additional Data**

Software ID:

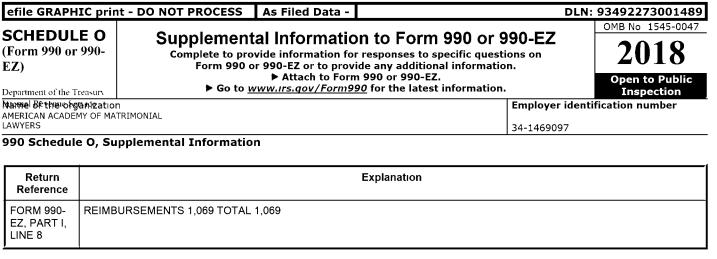
Software Version:

**EIN:** 34-1469097

Name: AMERICAN ACADEMY OF MATRIMONIAL LAWYERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured	scribe the organization's program service accomplishments for each of its three largest program vices, as measured by expenses. In a clear and concise manner, describe the services provided, the mber of persons benefited, and other relevant information for each program title.		
28 ADMINISTER EDUCATION SERVICES	N AND TRAINING EVENTS FOR INDIVIDUALS ENGAGED IN FAMILY LAW RELATED	28a	
(Grants \$ )	If this amount includes foreign grants, check here ▶ □		



Explanation Return

990 Schedule O, Supplemental Information

Reference	·
FORM 990-	TO EDUCATE FAMILY LAW LAWYERS AND JUDGES AND TO PROVIDE FINANCIAL ASSISTANCE TO ORGANIZATI

EZ. PART III ONS ASSISTING IN THE DELIVER OF FAMILY LAW SERVICES TO LOW INCOME RECIPIENTS