DLN: 93493133025800 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable NATIONAL ASSOCIATION OF BASKETBALL COACHES □ Address change 31-1626159 % STEPHANIE WHITCHER ☐ Name change Doing business as NABC ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1111 MAIN STREET STE 1000 ☐ Amended return ☐ Application pending (816) 878-6222 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64105 G Gross receipts \$ 8,650,661 Name and address of principal officer H(a) Is this a group return for JIM HANEY ☐Yes **☑**No subordinates? 1111 MAIN STREET STE 1000 H(b) Are all subordinates KANSAS CITY, MO 64105 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NABC COM L Year of formation 1994 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 21 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 34 Total unrelated business revenue from Part VIII, column (C), line 12 7a 28,080 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 35,000 41,350 Ravenua 3,912,731 3,362,284 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 203,350 209,501 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,742,724 4,842,426 8,893,805 8,455,561 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 63,800 51,711 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,193,791 2,691,802 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,651,942 5,307,298 7,909,533 8,050,811 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 404,750 Revenue less expenses Subtract line 18 from line 12 . 984,272 Assets or d Balances Beginning of Current Year **End of Year** 6,402,488 7,331,576 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 512,973 22 Net assets or fund balances Subtract line 21 from line 20 . 6,401,867 6,818,603 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-17 Signature of officer Sign Here JIM HANEY EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00482834 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 1201 Walnut Suite 1700 Phone no (816) 221-6300 Kansas City, MO 641062246 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	t III Statement	of Program Service A	ccomplishments		
	Check if Sche	edule O contains a response	or note to any line in this	Part III	🗹
1	Briefly describe the	organization's mission			
SEE S	SCHEDULE O				
_	5.1.1				
2	-	, , ,	-	e year which were not listed on	☐ Yes ☑ No
	'	or 990-EZ?			⊔ Yes 🛂 No
•	•	ese new services on Schedu		. A consideration and a constant	
3		cease conducting, or make		it conducts, any program	□ Yes ☑ No
		ese changes on Schedule O			⊔ Yes 🛂 No
4	Describe the organiz Section 501(c)(3) ai	zation's program service acc	are required to report the a	ts three largest program services, as me mount of grants and allocations to other	
4a	(Code) (Expenses \$	0 including grants	of \$ 0)(Revenue \$	0)
	See Additional Data				
4b	(Code) (Expenses \$	0 including grants	of \$ 0)(Revenue \$	0)
	See Additional Data				
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue \$)
4d	Other program serv	ices (Describe in Schedule C))		
	(Expenses \$	ıncludın	g grants of \$) (Revenue \$)
		vice expenses >	0		

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Nο

22

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
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 Yes	No
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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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 instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;	Vac	∐ N≏
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39		Yes	No
	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?	1 c		

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lınes 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21			
	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 21			
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? .	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	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?	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 by the following			
а	The governing body?	8 a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records STEPHANIE WHITCHER 1111 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105 (816) 878-6222			

Part VII

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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
 - f 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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee			related organizations				
See Additional Data Table										
										Form 990 (2018)

Name and Title

Part VII

FREEMAN,

NCAA,

PO BOX 6222

PO BOX 650036 DALLAS, TX 752650036

104 RIVERCHASE DR HENDERSONVILLE, TN 37075 BLUE RIDGE SPORTS ENTERTAINMENT,

BASKETBALL PROMOTIONS EVENTS LLC,

112 NORTH CAMERON ST SUITE 2 WINCHESTER, VA 22601 IMG PRODUCTIONS,

1360 EAST 9TH STREET SUITE 10 CLEVELAND, OH 441141782

compensation from the organization ▶ 5

INDIANAPOLIS, IN 46206

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

Page 8

116,525

160,000

199,824

106,500

120,000

Form 990 (2018)

		week (list is both an officer and a from the any hours director/trustee) organization (W-organizations (V-organizations (V-or									compensation from related organizations (\	w-	compens from	sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	у- М15С)	2/1099-MISC	, ,	organizati relat organiza	ed
See	Additional Data Table													
												\perp		
												\perp		
												_		
												\perp		
												\perp		
												\perp		
												1		
c	Sub-Total	•				1	*		4 .	378,603		0		279,087
2	Total (add lines 1b and 1c) Total number of individuals (including		to thos		ed a	bov	e) who	rec				<u> </u>		2/9,06/
	of reportable compensation from the	organization 🕨	4										Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> :			ee, k	ey e	mpl	oyee,	or hi	ghest cor	npensated	employee on	_		
4	For any individual listed on line 1a, is organization and related organization	the sum of rep	ortable (the	3		No
	ındıvıdual			٠	•	•	•					4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization											5		No
S	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe											npens	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	

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

(C)

Position (do not check more

(D)

Reportable

Reportable

GEN SRVC CONTRACTOR

EVENT PROMOTER

TOURNAMENT MGMT

EVENT PRODUCER

MARKETING

(B)

Average

Part		Statement of	Revenue									rage 3
		Check if Schedul	le O contains	a respo	onse or note to any						<u> </u>	🗆
							(A) revenue	e fu	(B) lated or xempt inction	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections
	1.	a Federated campaig	ns	1a				re	evenue			512 - 514
nts ints		b Membership dues		1b								
Gifts, Grants illar Amounts		c Fundraising events		1c								
ts, (d Related organizatio		1d								
<u>a</u> e		e Government grants (co	ontributions)	1e								
ns, Sim		f All other contributions										
er er		and sımılar amounts n above	ot included	1 f	41,350							
휼		g Noncash contribution	ons included	41	350							
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$ h Total. Add lines 1a	-1f	41	<u>,350</u>							
9		Total / (ad III/es 1a		•	Business	Code	41,350	Т				1
HI e	2a	MEMBERSHIP DUES			Business	900099	5	507,570	507	,570		
Program Service Revenue		CONVENTION				900099	1,7	711,265	1,711	,265		
ı QΣ	c	HALL OF FAME CLASSIC				900099	1,1	122,979	1,122	,979		
ar vic	d	PUBLICATIONS				519100		19,270			19,27	
Š	e	ADVERTISING				541800		1,200			1,20	
graf	f	All other program se	ruco rovonuo									
4					3,3	862,284						
		Total. Add lines 2a-2 Investment income (i			interest and other	1						
	9	sımılar amounts) . `		•	•	· <u> </u>	200,49					200,491
		Income from investme					4,832,42	0	4,830,000			2,421
	0	Royalties	(ı) Rea		•	1	4,032,42		4,030,000			2,421
	6ā	Gross rents	.,		,	1						
	ı	b Less rental expenses				-						
		y Lees (since sinpenses										
	(c Rental income or (loss)		0		ס						
	(d Net rental income o	r (loss)		· · · •	1		0				
		_	(ı) Securi	ties	(II) Other							
	7 <i>a</i>	Gross amount from sales of	2	203,390								
		assets other than inventory										
	ŀ	b Less cost or other basis and		194,380		1						
		sales expenses		9,010		-						
		C Gain or (loss) d Net gain or (loss) .	L		<u> </u>	-	9,01	.0				9,010
		Gross income from f										<u> </u>
ıne		(not including \$ contributions reporte		of								
ev er		See Part IV, line 18		а	0	╛						
R		b Less direct expense c Net income or (loss)		b	0			0				
Other Revenue		Gross income from g			ents •			1				
0		See Part IV, line 19	·									
	ŀ	b Less direct expense	·s	a b	0	4						
		c Net income or (loss)			les	_		0				
	10	aGross sales of invent returns and allowand										
		returns and anowand	.es	a	 8,330							
	ŀ	Less cost of goods s	sold	b	720							
	(Net income or (loss)		invent			7,61	.0			7,610	
	11	Miscellaneous	Revenue		Business Code 900099	9	2,39	15				2,395
	11	La REBATES			30009		2,39					2,395
	ŀ				•							
	ľ											
		c									-+	
	•	d All other revenue .										
	•	e Total. Add lines 11a	-11d		>		2,39	5				
	12	2 Total revenue. See	Instructions				8,455,56		8,171,814		28,080	214,317
							5, .55,50	-1	3,2,2,014		-,000	Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses (B) Management and general expenses (Fundamental expenses)	(D) undraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	
4 Benefits paid to or for members 0	
5 Compensation of current officers, directors, trustees, and key employees	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 711,637	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees)	
a Management	
b Legal	
a coopyring in the first of the	
erroressional randialsing services see rarry, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties 903,223	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	
19 Conferences, conventions, and meetings 2,233,095	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	
a HOF CLASSIC TOURNAMENT 1,289,398	
b GUARDIANS OF THE GAME AWARD 163,001	
c SPECIAL PROJECTS 91,760	
d ALL STAR GAME 70,024	
e All other expenses 210,484	
25 Total functional expenses. Add lines 1 through 24e 8,050,811	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	

Page **11**

0

512.973

6.818.603

6,818,603

7,331,576

Form **990** (2018)

0

0

Form 990 (2018)

24

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part IX	<u> </u>	<u> </u>	🗆
_					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		·]	1,956,106	1	3,130,835
	2	Savings and temporary cash investments		[397,025	2	438,754
	3	Pledges and grants receivable, net		. [0	3	0
	4	Accounts receivable, net		[0	4	0
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ated en	mployees Complete	0	5	0
ts		Loans and other receivables from other disqualif section 4958(f)(1)), persons described in sectior contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L	on 4958 ations o (see in:	B(c)(3)(B), and of section 501(c)(9) instructions) Complete	0	6	0
ssets	7	•	F	0		0	
As		Inventories for sale or use			177.513	8	
	100	Prepaid expenses and deferred charges		' F	177,513	9	58,661
	1Ua	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10 b	754,433	27,781	10 c	23,528
	11	Investments—publicly traded securities .			3,565,898	11	3,621,385
	12	Investments—other securities See Part IV, line 3	11 .		0	12	0
	13	Investments—program-related See Part IV, line	. 11 د		0	13	0
	14	Intangible assets		[0	14	0
	15	Other assets See Part IV, line 11		[278,165	15	58,413
	16	Total assets.Add lines 1 through 15 (must equa	al line	34)	6,402,488	16	7,331,576
	17	Accounts payable and accrued expenses			221	17	512,773
	18	Grants payable			0	18	0
,	19	Deferred revenue		L	400	19	200
	20	Tax-exempt bond liabilities			0	20	0
S	21	Escrow or custodial account liability Complete P	oart IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
ap Ge	ĺ	persons Complete Part II of Schedule L			0	22	0
ات	23	Secured mortgages and notes payable to unrelate	ated th	ird parties	0	23	0

0

621

0

6.401.867

6,401,867

6,402,488

24

25

26

27

28

29

30

31 32

33

34

Unsecured notes and loans payable to unrelated third parties .

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

Organizations that follow SFAS 117 (ASC 958), check here > \square and

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

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

Total liabilities. Add lines 17 through 25 . .

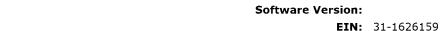
Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,455,561
2	Total expenses (must equal Part IX, column (A), line 25)	2			,050,811
3	Revenue less expenses Subtract line 2 from line 1	3			404,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	,401,867
5	Net unrealized gains (losses) on investments	5			11,986
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,	,818,603
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	MODIFIED				
_	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other CASH				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				1
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	on a			
	separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2 b		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	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	20	1	

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

Form **990** (2018)

3b

Additional Data



Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Software ID:

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 amount of other hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

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

	,				.,	/		(11) 2/4000	(14) 2/4 200	
	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
BILL SELF DIRECTOR/PAST-PRESIDENT 2018	2 0	×		х				0	0	0
CHARLIE BROCK DIRECTOR/PAST-PRESIDENT 2019	2 0	×		х				0	0	0
GARY STEWART	2 0	х		x				0	0	0

CHARLIE BROCK	2 0	_		_			0	
DIRECTOR/PAST-PRESIDENT 2019	0 0	^		^			0	
GARY STEWART	2 0							
		l x		l x l		l	0	İ
DIRECTOR/2ND VICE PRESIDENT	0 0						Ů	
MIKE BREY	2 0						_	
DIRECTOR/PRESIDENT	0.0	X		X			0	

o ol 2 0

0 0 20

0.0 2 0

0 0

......

Х

Х

Х

Х

Х

Х

Χ

Χ

Х

Χ

0

and Independent Contractors

LENNIE ACUFF

JAMIE DIXON

JOHN CALIPARI

JEFF JONES

DIRECTOR

DIRECTOR

DAVE ARCHER

DIRECTOR/3RD VICE PRESIDENT

DIRECTOR/1ST VICE PRESIDENT

DIRECTOR/4TH VICE PRESIDENT

DIRECTOR/PAST-PRESIDENT 2017

MATT MARGENTHALER

......

(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 hours per compensation 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,

	5,						<i>'</i>	(1)	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN MOORE DIRECTOR	2 0	×						0	0	0
PAT CUNNINGHAM DIRECTOR	2 0	×						0	0	0
TOMMY AMAKER DIRECTOR	2 0	×						0	0	0
RILL COEN	2 0									

0

0

0

0

0

Х

Х

Х

Х

Х

Х

Х

0 0 20

0.0 2 0

0 0

...............

	0 0
TOMMY AMAKER	2 0
DIRECTOR	0 0
BILL COEN	2 0
DIRECTOR	0 0
FRANK MARTIN	2 0

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

PAT ESTEPP

DIRECTOR

BOB HUGGINS

CUONZO MARTIN

MATT PAINTER

THOM MCDONALD

.......

and Independent Contractors

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

any hours

and Independent Contractors

EXECUTIVE DIRECTOR

DEPUTY EXECUTIVE DIRECTOR

Sr Dir Assn Affairs/Corp Relns

REGGIE MINTON

TROY HILTON

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

and a director/trustee)

organization

243,102

101,094

organizations

from the

177,500

51,839

21,574

	1 6 1 1 1 1	· '					′ I	(1) 2 (4 0 0 0	444 244		
	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	
MIKE MCGRATH	2 0	x						0	0	0	
DIRECTOR	0 0	l						,	,		
BRIAN WELCH	3 0			x				27,346	0	0	
TREASURER	0 0										
STEPHANIE WHITCHER	40 0			×				156,960	0	28,174	
CHIEF FINANCIAL OFFICER			l	۱^				130,900	U	20,1/4	

		l .	1 1	X		I	1 1	27.3461	ı nı	1
TREASURER	0 0							27,510		
STEPHANIE WHITCHER	40 0			_				156.060	0	
CHIEF FINANCIAL OFFICER	0 0			Х				156,960	U	
JIM HANEY	40 0			х				850,101	0	
		i	ı I	_ ^	i	i l	ı I	030,101	ı vi	4

0.0 40 0

0 0

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493133025800

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

3

SCHEDULE C (Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

 Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL ASSOCIATION OF BASKETBALL COACHES 31-1626159

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No

If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

5

ь	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		
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 -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

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

As Filed Data efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

2

3

8

Department of the Treasury

Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493133025800

Open to Public Inspection

	me of the organization FIONAL ASSOCIATION OF BASKETBALL COACHES				Empl	oyer identifica	tion nu	mber
IA	TONAL ASSOCIATION OF BASKETBALL COACHES				31-16	526159		
2	ort I Organizations Maintaining Donor Advis				r Acco	ounts.		
	Complete if the organization answered "Ye					(1)=		
	Tabal mush an about of consu	(a) Donor	advis	ed funds	((b)Funds and ot	her acco	unts
	Total number at end of year							
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ts held in donor ac	lvised fu	ınds are the	☐ Ye	s 🗌 No
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor						_	_
	private benefit?							s 🗌 No
a	rt II Conservation Easements. Complete if th				n 990,	Part IV, line 7		
	Purpose(s) of conservation easements held by the organ	,	hat ap	ply)				
	Preservation of land for public use (e g , recreation	n or education)	Ш	Preservation of an	historic	ally important la	ind area	
	Protection of natural habitat			Preservation of a	ertified	historic structur	e	
	Preservation of open space							
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on cor	ntribution in the foi	m of a	conservation Held at the E	nd of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified historic	c structure included	ın (a)	1	2c			
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, a	and no	ot on a historic	2d			
	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	ııshed	, or terminated by	the orga	anızatıon durıng	the	
	Number of states where property subject to conservation	n easement is locat	ed ►_					
	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		ng, in:	spection, handling	of violat	cions,	s [] No
	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vic	olation	s, and enforcing co	onserval	tion easements o	luring th	ne year
	Amount of expenses incurred in monitoring, inspecting, \$	handling of violation	ns, an	d enforcing conser	vation e	asements during	the ye	ar
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the re	equire	ments of section 1	70(h)(4)(B)(ı) □ Ye	s [] No
	In Part XIII, describe how the organization reports cons	ervation easements	ın ıts	revenue and expe	nse stat		_	

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2018

Par	31111	Organizations Maintaining	Collections (of Art,	Histori	ical T	reasi	ures, or	Other	Similar As	ssets ((continued)	
3	Using items	the organization's acquisition, acc (check all that apply)	ession, and othe	r records	, check	any of	the fo	ollowing t	hat are a	significant i	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			e		Othe	er					
С		Preservation for future generation	s										
4	Provid Part >	de a description of the organization KIII	s collections and	d explain	how the	ey furtl	her th	ie organiz	ation's e	xempt purpo	se in		
5		g the year, did the organization so s to be sold to raise funds rather t								nılar	□ Y	es 🗌 No	
Pai	rt IV	Escrow and Custodial Arra		." an Fa	OOO	. Dout	T\ /			.d		Farm 000 D	
		Complete if the organization X, line 21.	answered res	on Fo	1111 990	, Part	10, 1	ine 9, oi	reporte	an amou	THE OH	FOITH 990, P	art
1a		e organization an agent, trustee, co ded on Form 990, Part X?	ıstodıan or other	ınterme	diary for	contri	butior	ns or othe	er assets	not	□ Y	es 🗌 No	
ь	If "Y∈	es," explain the arrangement in Pai	t XIII and comple	ete the f	ollowing	table		[A	mount	:	
С		ning balance			,			l	1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year							1e				
f	Endın	ig balance							1f				
2a	Did th	ne organization include an amount	on Form 990. Pa	rt X. lıne	21. for	escrov	v or cu	ustodial a	ccount lia	ability?	Пу	es 🗆 No	
ь		es," explain the arrangement in Par									_	C5 110	
	rt V	Endowment Funds. Comple											
			(a)Curre			rior yea				(d)Three year		(e)Four years	back
1a	Beginn	ing of year balance											
b	Contrib	outions											
c	Net inv	estment earnings, gains, and losse	es										
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the	current year end	d balance	e (line 1	g, colu	mn (a	a)) held a	s				
а	Board	d designated or quasi-endowment i	•										
b	Perm	anent endowment 🟲											
С	Temp	orarily restricted endowment >											
	The p	percentages on lines 2a, 2b, and 2d	should equal 10	0%									
За	orgar	here endowment funds not in the particular by		organıza	tion tha	t are h	eld ar	nd admini	stered fo	r the			No
	• •	nrelated organizations			• •	•						a(i) a(ii)	
Ь		elated organizations es" on 3a(ii), are the related organi		reauired	on Sche	· · · edule R	? .					3b	
4		ribe in Part XIII the intended uses											
Pai	rt VI	Land, Buildings, and Equi	oment.										
		Complete if the organization	answered "Yes			' 							
	Descri		or other basis vestment)	(b) Cos	t or other	basıs (other)	(c) Acc	umulated o	depreciation		(d) Book value	
1 a	Land												
b	Buildin	gs											
С	Leaseh	old improvements											
d	Equipm	nent				7	77,961	-		754,433			23,528
Tota	I. Add	lines 1a through 1e (Column (d) m	ust equal Form 9	990, Part	X, colui	mn (B)	, line	10(c))		>			23,528

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.				,
(a) Description of security or category (including name of security)		(b) Book value		hod of valuation of-year market value
1) Financial derivatives				
2) Closely-held equity interests	· · ·			
N)				
3)				
9)				
5)				
)				
;)				
()				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII Investments—Program Related.		art IV June	. 11c. Soc Form 000) Port V June 12
Complete if the organization answered 'Yes' on (a) Description of investment		ok value	(c) Met	hod of valuation
.)			Cost or end-	of-year market value
2)				
3)				
))				
)				
5) 2)				
')				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)				
	ed 'Yes' on Forr	n 990, Part	IV, line 11d See Forn	n 990, Part X, line 15
Part IX Other Assets. Complete if the organization answere (a) Description		m 990, Part	IV, line 11d See Forn	n 990, Part X, line 15 (b) Book value
Other Assets. Complete if the organization answere (a) Description		n 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description)		m 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description)		n 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description))		m 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description (b) (c)		m 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description)))		n 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description (b) (c) (d) (d) (e) (e) (f) (e) (f) (f) (h) (f) (g) (h) (h		n 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description)))))))		n 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description (a) Description (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		m 990, Part	IV, line 11d See Forn	
Other Assets. Complete if the organization answere (a) Description (b) (c) (d) (d) (e) (e) (f) (e) (f) (f) (g) (g) (g) (g) (g) (g	on			(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) D	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (a) Description of liability	on		n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (a) Description of liability	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description of liability (h) Federal income taxes	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description of liability (h) Federal income taxes	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description of liability (h) Description of liability (h) Federal income taxes	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answere (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description of liability (h) Federal income taxes	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answers (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description of liability (e) Description of liability (f) Description of liability (h) Description of liability	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answers (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description (g) Description of liability (g) Descrip	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answers (a) Description (b) Description (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answers (a) Description (b) Description (c) (c) (d) Description (d)	on	es' on Forn	n 990, Part IV, line	(b) Book value
Other Assets. Complete if the organization answers (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Descrip	on	es' on Forn	n 990, Part IV, line	(b) Book value

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .	3		
4	Amounts included on Form 990, I	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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	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, I	Part IX, line 25, 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		. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b s 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 31-1626159

Name: NATIONAL ASSOCIATION OF BASKETBALL COACHES

Supplemental Information

Return Reference

Explanation

SCHEDULE D, PART X, LINE 2

NABC HAS ADOPTED THE STANDARDS REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS UNDER ASC TO OPIC 740, INCOME TAXES AS A RESULT, NABC MANAGEMENT EVALUATES ITS TAX POSITION ANNUALLY FOR ANY POTENTIAL CHANGES OR ISSUES THAT MAY RESULT IN UNCERTAINTY IN THE ACCOUNTING FOR IN COME TAXES AT SEPTEMBER 30, 2019 AND 2018, 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 IONS IN A TIMELY MANNER

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DL	N: 93493133	025800	
Note: To capture the full	content of this d	ocument, please se	lect landscape mode	(11" x 8.5") whe	n printing.					
Schedule I		Cranto and C	har Assistans	o to Organia	otiono			MB No 1545-00	47	
(Form 990)	•		other Assistand and Individuals	_	•			2018		
					-			Open to Public		
Department of the Treasury Internal Revenue Service	▶ Go to <u>www.irs.gov/Form990</u> for the latest information.									
Name of the organization						Em	ployer identific	ation number		
NATIONAL ASSOCIATION OF BA	ASKETBALL COACHES					31-	1626159			
Part I General Inform	nation on Grants	and Assistance								
	aintain records to sub	stantiate the amount of t			for the grants or assistant	ce, and		✓ Yes	 □ No	
2 Describe in Part IV the or	ganızatıon's procedur	es for monitoring the use	e of grant funds in the Un	ited States						
		nestic Organizations ar can be duplicated if add		nts. Complete if the o	rganızatıon answered "Yes	" on Form 990), Part IV, line	21, for any recip	pient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose o or assistance	of grant	
(1) NABC FOUNDATION 1111 MAIN STREET SUITE 1000 SUITE 1000 KANSAS CITY, MO 64105	06-1560942	501(C)(3)	50,000					BENEVOLENT I	FUND	
2 Enter total number of sec	tion 501(c)(3) and g	overnment organizations	listed in the line 1 table .				. •		1	
3 Enter total number of oth	er organizations liste	d in the line 1 table					. ▶			
For Paperwork Reduction Act Not	tice. see the Instructio	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990	0) 2018	

Schedule I (Form 990) 2018						Page 2
Part IIII Grants and Other A Part III can be duple			als. Complete if the org	ganization answered "Yes	on Form 990, Part IV, line 22	
(a) Type of grant or assis	stance	(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	Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanation	on				
SCHEDULE I, PART I, LINE 2						CH PAYMENT THE NABC'S PROCESS IS TO REQUEST

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	4931 3	33025	800		
Schedule J (Form 990)		Co	mpensati	on Information	10	1B No	1545-0	0047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest								
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						2018			
D	▶ Attach to Form 990.							blic		
•	tment of the Treasury al Revenue Service	V GO CO <u>www.ms.qo</u>	<u> </u>	mistructions and the latest infor		Insp	ectio	n		
	me of the organiza	ation N OF BASKETBALL COACHES			Employer identificat	tion nu	ımber			
	1011/12 /133001/1110	N OF BROKETBREE CORCINES			31-1626159					
Pa	rt I Questi	ons Regarding Compensa	tion							
							Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
		s or charter travel		Housing allowance or residence for	•					
	_	companions	님	Payments for business use of perso						
		nification and gross-up payments	; ⊔ □	Health or social club dues or initiative. Personal services (e.g., maid, chauf						
	LI Discretion	ary spending account	Ш	Personal services (e g , maid, chaul	rreur, cher)					
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b				
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2				
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked in line	e Iar					
3				d to establish the compensation of the third to the check any boxes for methods	he					
	_	•		CEO/Executive Director, but explain	ın Part III					
	☐ Compens	ation committee	✓	Written employment contract						
		ent compensation consultant	\overline{\sqrt{2}}	Compensation survey or study						
		of other organizations	\checkmark	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	_	ance payment or change-of-cont	rol payment?			4a		No		
ь		r receive payment from, a suppl		fied retirement plan?		4b	Yes	110		
С	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	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			-	the organization pay or accrue any						
		ontingent on the revenues of								
а	The organization	1 [?]				5a				
b	Any related orga					5b				
	•	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any						
а	The organization					6a				
b	Any related orga					6b				
7	•	6a or 6b, describe in Part III	n Alluno ta dida	the organization provide any newforce	d					
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pai		u	7				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8				
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9				
For F	Danerwork Redu	iction Act Notice, see the Ins	tructions for Fo	rm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2018		

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

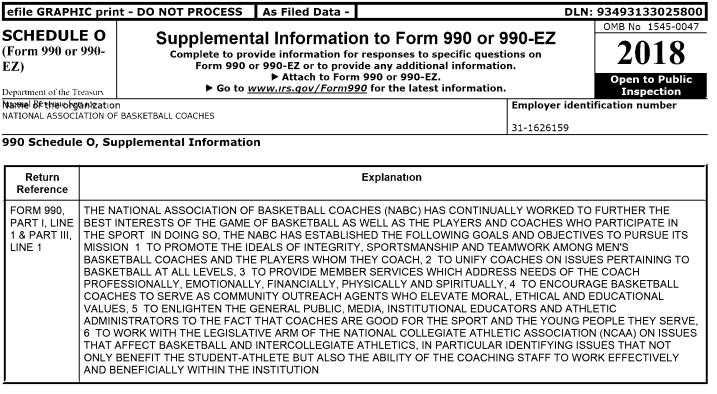
			y Employees, and Hi					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				it individual
(A) Name and Title	13 (3		of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and 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)	156,960	0	0	15,696	12,478	185,134	0
CHE THATCHE OF ICEN	(ii)	0	0	0	0	0	0	0
2 JIM HANEY EXECUTIVE DIRECTOR	(i)	650,101	200,000	0	177,500	0	1,027,601	0
	(ii)	0	0	0	0	0	0	0
3 REGGIE MINTON DEPUTY EXECUTIVE	(i)	243,102	0	0	24,337	27,502	294,941	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
	\vdash							
	\vdash							

Schedule J (Form 990) 2018	Page 3							
Part III Supplemental Information								
Provide the information, explanation, or	rovide 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							

HANEY \$ 150,000 \$0

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -			DLN:	9349313	3025	800
	EDULE M		N	loncash Contri	hutions			OMB No 1	545-0	047
(For	Form 990)			Noncash Contributions				20	10)
	▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29						0.	20	10)
	► Attach to Form 990.									
•	tment of the Treasury	►Go to <u>www.irs.g</u>	iov/Form9	90 for the latest informat	tion.			Open to		
	al Revenue Service e of the organizat	l <u> </u>				Emplo	over ident	Inspe ification n		_
NATIO	NAL ASSOCIATION	OF BASKETBALL COAC	HES			-	•			
Da.	rt I Types	of Property				31-16	26159			
	Турез	or Froperty	(a)	(b)	(c)	Т		(d)		
				Number of contributions or			Method	of determine	ning	
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	'	noncash co	ntribution a	mount	S
					1g					
1	Art—Works of art	t								
2	Art—Historical tr									
3	Art—Fractional in					-				
4	Books and public Clothing and hou									
9						<u>l</u>				
6	Cars and other v	ehicles								
7	Boats and planes					1				
	Intellectual prope					-				
9	Securities—Public Securities—Close	•				+				
	Securities—Partr	•				+				
	or trust interest	1 ' '								
	Securities—Misce									
13	Qualified conserve contribution—Hi structures .	storic								
14	Qualified conserv									
	contribution—Of					-				
	Real estate—Res					+				
17	Real estate—Cor									
18	Collectibles .					1				
19	Food inventory		Х	1	2,85	FAIR	MARKET V	ALUE		
20	Drugs and medic	al supplies .								
21	Taxidermy .									
	Historical artifact					-				
	Scientific specim Archeological art					+				
	Other ► (indees	X	2	35,000	FAIR	MARKET V	ALUE		
CON	<u>SUMER GÒODS)</u>				,					
	Other ▶ (oment)		X	1	3,500	FAIR	MARKET V	ALUE		
27	Other ▶ ()								
28	Other ▶ ()								
29				ition during the tax year for		29				
	for which the org	janization completed	1 Form 8283	3, Part IV, Donee Acknowled	gement	29			· ·	
302	During the year	did the organization	n receive hi	contribution any property i	renorted in Part I lines 1 th	rough	28 that it		Yes	No
304	must hold for at	least three years fr	om the date	e of the initial contribution, a	and which is not required to			·		N-
b	If "Yes," describ	e the arrangement :	n Part II					30a		<u>No</u>
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	w of any nonstandard contr	bution	s?	31	Yes	
32a				or related organizations to s	olicit, process, or sell nonca	sh			V	
h	contributions? If "Yes," describ	 .e ın Part II						32a	Yes	
	•		amount in	column (c) for a type of pro	perty for which column (a)	ıs ched	ked.			
	describe in Part	•		(-) (-)			,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271		School	ule M (Form	000) /	2018\

Schedule M (Form 990) (2018)	Page 2					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I, column (b), the number of contributions, the number of items received, or a combination of both. Also combination of both in II part for any additional information.						
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) (2018)					



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

AS THE BOARD MAY DETERMINE

Return

Reference	
FORM 990	THE NABC IS ORGANIZED AS A NOT-FOR-PROFIT, NON-STOCK CORPORATION WITH MEMBERS. THE NABC HAS FIVE
PART VI,	CLASSES OF MEMBERSHIP ACTIVE, ASSOCIATE, ACTIVITY, LIFE, AND HONORARY MEMBERS THE MEMBERS SERVE
SECTION A,	WITHOUT AUTHORITY AND DO NOT HAVE THE RIGHT TO NOTICE OR TO VOTE, ARE NOT CONSIDERED FOR THE
LINE 6	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

Explanation

Return	Explanation					
Reference						
Reference FORM 990 PART VI, SECTION A, LINE 7A	THE NABC'S AFFAIRS ARE MANAGED BY THE BOARD OF DIRECTORS WHO HAVE AND EXERCISE ALL THE 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) AT-L 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 ON 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 BOARD MAY CONSIST OF 3 (THREE) 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 EACH MUST HAVE BEEN A FORMER VOTING MEMBER OF THE BOARD THE BOARD SHALL IDENTIFY AND NOMINATE THOSE INDIVIDUALS WHO SHALL BE ELECTED TO REPLACE THOSE DIRECTORS (IN ACCORDANCE WITH THESE BY-LAWS) AND SHALL ELECT ANY NEW DIRECTORS AT ANY SPECIAL OR REGULAR MEETING THE BOARD MAY INCREASE THE NUMBER OF DIRECTORS AND BLECTORS TO COMPLETE THE NUMBER OF DIRECTORS, BUT ONLY TO ELIMINATE VACA NCIES EXISTING BY REASON OF THE BOARD BAY DECREASE THE NUMBER OF DIRECTORS, BUT ONLY TO ELIMINAT					
	EXECUTIVE DIRECTOR, GENERAL COUNSEL AND TREASURER AND SECRETARY SHALL					

990 Schedule O, Supplemental Information

Return

LINE 7A

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

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

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

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 COM MITTEE HIRES AN INDEPENDENT COMPENSATION OF THE EXE CUTIVE DIRECTOR, DEPUTY EXECUTIVE DIRECTOR, AND OTHER OFFICERS AND ISSUES THEIR FINDINGS THE COMPENSATION STUDY FINDINGS ARE MAINTAINED BY THE NABC. IN 2018, A COMPENSATION SPECIA LIST WITH A NATIONAL ACCOUNTING FIRM WAS ENGAGED BY THE NABC TO SPECIFICALLY PROVIDE ADVICE AND ASSISTANCE TO NABC'S BOARD OF DIRECTORS IN CONNECTION WITH THE NEGOTIATION OF NEW CO MPENSATION PLANS AND EMPLOYMENT AGREEMENTS FOR NABC'S EXECUTIVE DIRECTOR AND OTHER OFFICERS. THE 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 EXECUT IVE DIRECTOR AND OTHER OFFICERS. NEW COMPENSATION PLANS AND EMPLOYMENT AGREEMENTS ENTAILED AN UPDATE OF THE COMPENSATION PLANS AND EMPLOYMENT AGREEMENTS ENTAILED AN UPDATE OF THE REVIEW WAS BASED ON RESEARCH AND ANALYSIS OF ORGANIZATIONS WITH POSITION S 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 A DUTION TO REVIEWING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AS WELL AS THE DEPUTY EXECUTIVE DIRECTOR AND OTHER OFFICERS PORTION OF THE EXECUTIVE DIRECTOR AND OTHER OFFICERS PROPEDY EXECUTIVE DIRECTOR, AND OTHER OFFICERS PERFORMANCE IN LIGHT OF THESE GOALS AND OBJECTIVES AND REVIEWS AND REPORT SERVICES AND REVIEWS AND REPORT SERVICES AND REVIEWS AND REPORT SERVICES AND REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S PERFORMANCE IN LIGHT OF THESE GOALS AND APPROVES THE EXECUTIVE DIRECTOR'S PERFORMANCE IN LIGHT OF THESE GOALS AND APPROVES THE EXECUTIVE DIRECTOR'S PERFORMANCE OF HIGH-LEVEL DIRECTOR, AND OTHER OFFICERS OF THE SECUTIVE COMMITTEE PALLOYING AREAS IN RESPECT OF ALL OTHER EMPLOYEES (A) SALARY, (B) BONUS OR INCENTIVE AWAR D,

Return Explanation
Reference

FORM 990, PART VI,	MOST RECENT COMPENSATION REVIEW WAS PERFORMED IN 2019 BY THE NABC BUDGET AND EXECUTIVE CO
SECTION B,	
LINE 15A &	
15B	

Return

Reference	·
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
	ALL REQUESTS MUST BE MADE IN PERSON OR IN WRITING IF THE REQUEST IS MADE IN PERSON, THE COPIES
	SHALL BE PROVIDED IMMEDIATELY FOR ANY WRITTEN REQUESTS, THE NABC SHALL PROVIDED FILINGS WITHIN 30
	DAYS OF THEIR REQUEST

Explanation