## Form 990

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

TAXPAYERS COPY

Department of the Treasury Internal Revenue Service

Open to Public Inspection

1	For the 201	4 calend	dar year, or tax year beginning , 2014, and ending		•	<del></del>	
	Check if applica		C	l l		ation number	
	Address c		North American Word Game Players		432824		
	Name cha		Association	<del>-</del>	one number		
	Initial retu	-	3708 Bryn Mawr Drive	214	<u>-891-</u>	9360	_
	Final return/		Dallas, TX 75225	ļ			
	Amended			1	receipts \$	335,796.	-
	Applicatio		F Name and address of principal unicer:	(a) Is this a group ret			
			H	(b) Are all subordinate If 'No,' attach a lis	es included? t. (see instru	uctions) Yes No	
1	Tax-exempt	status	501(c)(3) X 501(c) ( 4 )    (insert no.) 4947(a)(1) or 527				
1	Website:		w.scrabbleplayers.org	(c) Group exemption	number 🕨		_
<u>"</u> К	Form of org		X Corporation Trust Association Other ► L Year of formation	: 2009 <b>M</b>	State of leg	al domicile: TX	_
D:	al c.	ımməi	7/	<u>,                                      </u>			_
	1 Drinf	v doscr	the the organization's mission or most significant activities: The missi	on of the	organi	<u>zation is to </u>	_
_	are	ate a	and promote a multinational community of SCRABBI	LE(R) cross	word_	<u>game </u>	-
Activities & Governance	pla	yers.	·		. <u>-</u>		-
E				- than 25% of it			-
Ş	2 Chec	k this b	ox if the organization discontinued its operations or disposed of moroting members of the governing body (Part VI, line 1a)	e trair 20% or it	3   3	3	3
9	3 Num	berotv	oting members of the governing body (Part VI, line 1a)		4		<u> </u>
S	4 Num	ber or ir	of individuals employed in calendar year 2014 (Part V, line 2a)		5		<u> </u>
ij	5 Tota	Loumba	ar of volunteers (estimate if necessary)		ю	100	<u>)</u>
Ę.	7a Tota	Luntelai	ted business revenue from Part VIII, column (C), line 12		/a	0	
٩	b Net	unrelate	d business taxable income from Form 990-T, line 34		/b	0	<u>•</u>
	<del>                                     </del>		<del></del>	Prior Yea	ar	Current Year	_
	8 Conf	ribution	s and grants (Part VIII, line 1h)		558.	123,032	
Ę	9 Prog	ıram sei	rvice revenue (Part VIII, line 2g)	89	837.	128,768	
Revenue	10 Inve	stment	income (Part VIII, column (A), lines 3, 4, and 7d)		687.	9,648 33,486	
8	11 Othe	er reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2/5	,693. ,775.	294,934	
	<b>12</b> Tota	revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	- 243	437.	836	
-	13 Grad	nts and	similar amounts paid (Part IX, column (A), lines 1-3).		431.		÷
	<b>14</b> Ben	efits pai	id to or for members (Part IX, column (A), line 4)			57,680	_
u	15 Sala	ries, otl	her compensation, employee benefits (Part IX, column (A), lines 5-10)			37,000	÷
Evnances	<b>16a</b> Prof		ıl fundraising fees (Part IX, column (A), line 11e)				
ğ	<b>b</b> Tota	al fundra	aising expenses (Part IX, column (D), line 25)				
ú	1 <b>17</b> ()10	er exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>,613.</u>	228,620	
	18 Tota	al expen	ises. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 229	,050.	287,136	
	19 Rev	enue le	ss expenses. Subtract line 18 from line 12	.  16	<u>,725.</u>	7,798	-
8		*		Beginning of Cu		End of Year	<del>_</del>
Š	20 Tota	al assets	s (Part X, line 16)		,320.	313,839 285	
Net Assets or	21 Tota		ties (Part X, line 26)		0.		
Ž	호 22 Net	assets	or fund balances. Subtract line 21 from line 20	. 290	,32 <u>0</u> .	313,554	<u>ŧ.</u>
	art II	ignati	ure Block				
Ur	der penalties o	f perjury, I	declare that I have examined this return, including accompanying schedules and statements, and to exparer (sper then officer) is based on all information of which preparer has any knowledge.	the best of my knowle	edge and bel	ief, it is true, correct, and	
co	mplete. Declara	ation of pre	/ /// <del></del>	1.	7-15		_
			XPAYERS COPY / Pacsiving	Date			
S	ign	PA		Presiden	<b>-</b>		
Н	lere	<b>₽</b> <u>\$\alpha</u> .	Christopher Cree	TTCDTGCII	<del>-</del>		
_		ZVD6	Parts	Check	if	PTIN	
		1	preparer's name	3/7/s self-en	ш	P00683150	
	aid	Kris	CINA B. SIMON, CIA COM WICE	1 / 13   2011	·	12 3 0 3 3 3 3 3 3	
	reparer	Firm's na		Firm's	EIN ► 75	5-2398180	
Ļ	Ise Only	Firm's ac		Phone			_
			Carrollton, TX 75006		(37	. X Yes N	0
N	lay the IRS	discuss	this return with the preparer shown above? (see instructions).	FA0113L 05/28/14		Form <b>990</b> (20	

m <b>990</b> (2014) North American Word Game Players	26-4328248	Page 2
Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Par	t III	
Priofly describe the organization's mission:		
The mission of the organization is to create and	promote a multinational commun	<u>ity_of_</u>
SCRABBLE(R) crossword game players.		
Did the organization undertake any significant program services during the year which	ch were not listed on the prior	
Form 990 or 990-EZ?	Yes	X No
If 'Yes' describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in how it	conducts, any program services? Yes	X No
If 'Vac' describe these changes on Schedule O.		
Describe the organization's program service accomplishments for each of its 1 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	hree largest program services, as measured by entry of grants and allocations to others, the total expressions are supported by the services are the services.	expenses. xpenses,
and revenue, if any, for each program service reported.		
(Code: ) (Expenses \$ 216,346. including grants of	\$ 836.) (Revenue \$ 12	<u>8,768.</u>
my Watth American Word Came Players Association	promotes a community of word of	game _
1	members. Events included the	70T4
Notional Carabble Championship and the XUI4 Natl	OUST SCHOOL SCIENDIE CHEMPIONS	
NASPA also sanctions local area clubs in 41 stat	es and the District of Columbia	a
NASIA diso sancerono rocci de la constanta de la constanta di soci di constanta di		
(Code:) (Expenses \$ including grants of	\$ ) (Revenue \$	
(Code:) (Expenses \$ metading grants or	· · · · · · · · · · · · · · · · · · ·	
	·	
: (Code: ) (Expenses \$ including grants of	\$) (Revenue \$	
d Other program services. (Describe in Schedule O.)	) (Revenue \$	)
(Expenses \$ including grants of \$	) (Maketine A	
e Total program service expenses ► 216,346.		000 /

Page 2

ar i	Checkist 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		Х_
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	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		Х
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	X	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		X
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		X_
10	permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Fait V.	10		X
11	or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11	a X	
	<b>b</b> 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.	11	b	Х
	c 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.	11	С	X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11	e	X
	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	11	f	X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12	a l	X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12	$\dashv$	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	la Did the organization maintain an office, employees, or agents outside of the United States?	'-	Ha	
	<b>b</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.	1,	4b	х
	5 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	1	5	х
16	5 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	. 1	6	Х
17	7 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)	- 1	7	x
	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.		8	Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	. 1	9	Х
2	na Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	.   2	0	<u> </u>
_	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	. [2	0 b	

	Officerial of Rodalisa College (See See See See See See See See See S	ļ	Yes	No	_
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		Х	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х	_
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х	· 
24 a	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		Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			_
	Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease	24c			
	any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	-	_	
	a 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		)	ζ
I	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		2	Κ
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		;	<u>x</u> _
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			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	288	u liu li		X
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	200	-	+	
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	281	b	+	<u>X</u> _
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28			<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<del> -</del>	+	X
30	anatoliutions? If 'Voc' complete Schedule M	30			X
31	The state of the s	31		-	Х
32	the second or transfer more than 25% of its net assets? If 'Yes,' complete	32	!		X
33	2008 of an artiful disrogarded as separate from the organization under Regulations sections	33			Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	34	1 2	ζ	
35	and Part V, line I	35	5a	_	X
	b 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		5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	İ	5		
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		7	-	X
3	2. The state of th	. 3		X	01.5
_		Fo	orm <b>9</b> 9	<b>X</b> O (2	:014

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V.		No
22	1	es No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		American Committee Committ
b Enter the number of Forms W-2d included in the ta. Enter to in not approach		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1с	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3. Did the progrization have unrelated business gross income of \$1,000 or more during the year?	3 a	^_
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>	3 b	<del></del>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	X
<b>b</b> If 'Yes,' enter the name of the foreign country:		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5.3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь	
7 Organizations that may receive deductible contributions under section 170(c).		
- Did the experiention receive a navment in excess of \$75 made partly as a contribution and partly for goods and		
	7 a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to flie Form 8282?	7с	
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	·   / ·	<del></del>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	. 8	
organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.	. 9a	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 b	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation rees and capital contributions included on a fact this way to	$\dashv$	
b Gross receipts, included off Form 330, Fare Vin, time 12, for public design and the second		
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders		
a Gross income from members of stratefloiders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
bilityes, enter the amount of tax-exempt interest received or decided during any	$\dashv$	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13а	
<b>a</b> Is the organization licensed to issue qualified realth plans in more than one state. <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
Note. See the instructions for additional information the organization must report on ourselves in		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand	14a	X
<b>14a</b> Did the organization receive any payments for indoor familing services during the tax year <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141	<del>                                     </del>
bit 'Yes,' has it filed a Form 720 to report these payments? It not, provide an explanation in constant of	For	m <b>990</b> (2014

26-4328248 Page 6 Form 990 (2014) North American Word Game Players Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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..... Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . 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 . . . . 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? See Schedule 0 X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a a The governing body?.... **b** Each committee with authority to act on behalf of the governing body?..... 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Х 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X 10 b operations are consistent with the organization's exempt purposes?..... 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 13 Х 13 Did the organization have a written whistleblower policy?..... Х 14 Did the organization have a written document retention and destruction policy?..... 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? Х 15 a a The organization's CEO, Executive Director, or top management official..... X **b** Other officers or key employees of the organization..... 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 X 16 a taxable entity during the year?..... b 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

20

the public during the tax year.

See Schedule 0

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

(A) Name and Title	( <b>B</b> ) Average hours per	than is	one both dir	box, an o ector/	unles officer trust:	eck mores and a ee)	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) C. Christopher Cree	_40_				ļ					10 611
President	0	X	<u> </u>	Х	-			36,000.	0.	18,641.
(2) Carla C Cree	30	.,		37		!		0.	ο.	0.
Executive Direc	0	Х		Х	╄-	-		0.	0.	<u> </u>
(3) Mary V Rhoades	$-\frac{20}{0}$	X		Х			1	0.	0.	0.
Secretary (4)	<u> </u>	<u> </u>	<del> </del>	12	1	+				
_(4)		1								
<u>(5)</u>										
<u>(6)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 1  (A)  Name and title	Average hours per	(do r	not ch unies	(C Pos heck ss pe	ition more erson i directo	than o s both r/truste	ne an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employed	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
16)									_	
717)										
18)										
(19)										
(20)		-								
(21)		-	-							
22)		-				_				
23)		-		-		-				
(24)		-		<del> </del>						
(25)		_			<del> </del>					
1 b Sub-total			. ,	l			•	36,000	. 0	
c Total from continuation sheets to Part VII, S	Section A			<b></b>			•	0		
d Total (add lines 1b and 1c).			· · · ·				_	36,000	. 0	
2 Total number of individuals (including but not lir from the organization ► 0	nited to those	listec	ı ab	ove,	) WHC	rece	ive	u more man proo,	000 of reportable con	TIPE TIGGET
3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J fo	r Such maivi	uuar.						,		Yes No
4 For any individual listed on line 1a, is the su the organization and related organizations g such individual								,		4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? In	accrue comp f 'Yes,' comp	ensat olet <u>e</u> S	ion S <i>che</i>	fror edu.	n an <i>le J</i>	y uni	rela uch	ited organization person	or individual	
Section B. Independent Contractors  1 Complete this table for your five highest corcompensation from the organization. Report co	npensated in	ndepe or the	nde	ent d enda	contr	actor	rs t ding	hat received more with or within the	e than \$100,000 of organization's tax y	ear.
(A) Name and business								Descriptio	(B) n of services	<b>(C)</b> Compensation
				-						
2 Total number of independent contractors (inclu	iding but not l	limited	l to 1	thos	e lis	ed a	bov	e) who received m	ore than	ម្រឹងហើមស្រីប្រជាជាជាក្នុងក្នុងក្រុងបាលប្រជា ពេល និងសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសាសា
\$100,000 of compensation from the organiz	zation ► 0									Form <b>990</b> (20

		Check if Schedule O co			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
o,	1 a	Federated campaigns	1a					
and Other Similar Amounts		Membership dues		122,932.				
2		Fundraising events						
⋜		Related organizations						, c <sub>io</sub> grafii (Kol <sup>orido</sup> orbiblio)
<u>.</u>		Government grants (contribution	<b>⊢</b>					
듨		-	,,,,,,					
<b>a</b>	f	All other contributions, gifts, gra similar amounts not included at	ants, and     pove <b>1 f</b>	100.	ziru Godobero			
듄				100.				
귤	_	Noncash contributions included i			123,032.	ndra Panis da na disan-		
	n	Total. Add lines 1a-1f		Business Code	123,032.			
≝	۸-	T 1 D		611710	128,768.	128,768.	\$\$44.0000000000000000000000000000000000	And the second s
8		Event_Revenue_		011/10	120,700.	1207100.		''
T U	b							1
Program Service Revenue	C					<del>                                     </del>		
8	d					<del>                                     </del>		
Ē	e				<del> </del>	-		
<u>5</u>		All other program service			120 760		tore, and this display to recover.	
<u>ਰ</u>	g	Total. Add lines 2a-2f			128,768.			
	3	Investment income (inclination other similar amounts).	uding dividend	is, interest and	6,997.			6,997.
		Income from investment						
	4	Royalties		_				
	5	Royalties	(i) Real	(ii) Personal				
l	e -	Gross rents						
ı		Less: rental expenses		<del>                                     </del>				ir <mark>eller <sub>man</sub>annun e</mark> nginn k <sup>ari</sup> Ki jari en
		· •	_					
		: Rental income or (loss) I Net rental income or (lo						\$ 90-pa 10-pa 10-p
	_	· · · · · · · · · · · · · · · · · · ·	(i) Securities	(ii) Other			and the state of t	
	7 a	Gross amount from sales of assets other than inventory	40,392					
			40,35	Z. <u>J, 121</u> .				
	t	Less: cost or other basis and sales expenses	40,86	,				
		Gain or (loss)	40, <u>86.</u> -47					
	1	Net gain or (loss)			2,651		36-1972-1973 (1999-1999)	2,651
	1 -	- •			2,001	Continues of	90000	
Ë	88	a Gross income from fund (not including .\$	draising event	5				
9		of contributions reporte	d on line 1c).	-				
ě		See Part IV, line 18		a				een er proponing proponing De proponing proponing De proponing proponing De proponing proponing
<u> </u>	١.	b Less: direct expenses						
Other Revenue		<b>c</b> Net income or (loss) fro						
Q							i deligende del lighten (*) Halleligende del lighten Halleligende del lighten	
	9	a Gross income from gan See Part IV, line 19	rung activities	. a				
		<b>b</b> Less: direct expenses.						
		c Net income or (loss) from						
	1							
	10	a Gross sales of inventor and allowances	y, 1655 (61011):	. a				
		<b>b</b> Less: cost of goods sol						
		c Net income or (loss) from			P			
	$\vdash$	Miscellaneous Reven		Business Code	and the state of t	Figure 1991 - Spanish		
	11	a Organization Spons	sorships	611710	33,486	j.		33,486
		p organización spor						
		d All other revenue	- <b></b>					
		e Total. Add lines 11a-11			33,486	D. Company (Marging)	Marian Till Horisto.	
				<u></u>	294,934			0. 43,134

## 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.

	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		<u> </u>
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	836.	836.	general expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			BOURDAY 	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			ndalimina in indigenti di seria di ser Mangalia di seria di	
4 5	Benefits paid to or for members	54,641.	27,321.	27,320.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,039.	1,520.	1,519.	
11	Fees for services (non-employees):				
a	Management				
t	Legal	415.		415.	
	: Accounting	2,000.		2,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0)	2 044	2 044		
	Advertising and promotion	3,044.	3,044.	3,561.	
13	Office expenses	3,561.	2F 713	3,301.	
14	Information technology	35,713.	35,713.		
15	Royalties		7.664	7 664	
16	Occupancy		7,664.		
17	Travel	19,014.	9,507.	9,507.	
18	expenses for any federal, state, or local public officials				
19		6,404.	3,202.	3,202.	
20	Interest			<del>                                     </del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			3,051.	
23	Insurance	6,491.	3,245.	3,246.	
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 Event Prizes & Awards	45,191.	45,191	•	
	b Event Expenses	34,217.	34,217		
	c Event Staff	31,265.	31,265		
	d Credit Card Fees	8,368.	8,368		
	e All other expenses.	<u>14,558.</u>	5,253		
	Total functional expenses. Add lines 1 through 24e		216,346	. 70,790.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				Form <b>990</b> (2014)
BA	Δ	TEEA0110L (	5/28/14		1 OHH 330 (Z014)

33

34

313,554.

313,839.

Form 990 (2014)

290,320.

290,320.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year (B) End of year 27,382. 10,097 Cash — non-interest-bearing..... 2 Savings and temporary cash investments ..... 3 Pledges and grants receivable, net ..... 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L..... Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net ..... 8 20,700. Inventories for sale or use..... 7,100 9 Prepaid expenses and deferred charges..... 10 a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10a 13,473. 10 b 10,848. 4,429 10 c 2,625. 253,779. Investments — publicly traded securities ..... 268,694 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 Intangible assets..... 14 9,353. 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 290,320 16 313,839. 16 17 285. Accounts payable and accrued expenses..... 18 Grants payable..... 18 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 0 285. Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here X and complete Balances lines 27 through 29, and lines 33 and 34. 290,320 27 313,554. Unrestricted net assets..... 28 29 Permanently restricted net assets..... or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32

Total net assets or fund balances.....

34

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Form	990 (2014) North American Word Game Players 26-	43282	48 Page	12
	X Reconciliation of Net Assets		r	
	Check if Schedule O contains a response or note to any line in this Part XI			
	Total revenue (must equal Part VIII, column (A), line 12).		294,934	<u>1.</u>
	Total expenses (must equal Part IX, column (A), line 25)		287,136	
	Revenue less expenses. Subtract line 2 from line 1	3	7,798	<u>3.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	290,320	<u>).</u>
5	Net unrealized gains (losses) on investments	5	15,43	<u>6.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7	<u></u>	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	313,55	4.
Par	Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			П
	Check it Schedule O contains a response of flore to any line in this fact Att.			No.
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			X
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ved on a		X
t	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	rate		
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	it, 	2 c	NEEDE
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За	X
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 	3 b	
ВАА			Form <b>990</b> (2	014

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

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to 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 527 organizations: Complete Part I-A only.

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

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

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

	of organization	ganizations: Complete Part III.	<del></del>	Employer identificat	ion number
Nor	th American Word G	ame Players		26-4328248	3
Par	I-A Complete if the or	ganization is exempt under sect	ion 501(c) or is a	section 527 organiz	ation.
1	Provide a description of the o	organization's direct and indirect political	campaign activities in	Part IV.	
2	Political expenditures	.,,,		▶\$	
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization unde	r section 4955	* \$ <sub>.</sub>	
2		ise tax incurred by organization manager			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	or this year?		Yes No
4 a	Was a correction made?				Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	ganization is exempt under sect	ion 501(c) , excep	ot section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for sect	tion 527 exempt functi	on activities >\$	
2	Enter the amount of the filing of function activities.	organization's funds contributed to other organization	anizations for section 52	27 exempt ▶ \$	
3	line 17b	ditures. Add lines 1 and 2. Enter here ar		· · · · · · · · · · · · · · · ·	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments	and employer identification number (EINs. For each organization listed, enter the sreceived that were promptly and directly call action committee (PAC). If additional s	amount paid from the folivered to a senarate r	nolitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			_		
(2)			_		
(3)			-		
(4)					
(5)					
(6)					

section 501(h)	)).	n is exempt under sect			
Check ► if the filing	organization belong	gs to an affiliated group (and lis	st in Part IV each affiliate	ed group member's name	
address. E	IN, expenses, and	d share of excess lobbying e	xpenditures).		
Check ► if the filing	organization che	cked box A and 'limited cont	rol' provisions apply.		
	expenditures' mea	ring Expenditures ans amounts paid or incurre		(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditur	es to influence pu	iblic opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditur	es to influence a	legislative body (direct lobby	ing)		
$oldsymbol{c}$ Total lobbying expenditur	es (add lines 1a a	and 1b)	,		
<b>d</b> Other exempt purpose ex	penditures				
e Total exempt purpose ex	penditures (add li	nes 1c and 1d)	,		
Lobbying nontaxable amo both columns	ount. Enter the an	nount from the following tabl			ricular and a second
If the amount on line 1e, colur	mn (a) or (b) is:	The lobbying nontaxable a	mount is:		dindirkasi dapitadirah rati Dindirkasi paritadirah dindirka
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000	\$100,000 plus 15% of the excess of		ante Epapoloriale anticoloriale neoretaria	
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess ov	/er \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25%	of line 1f)			
h Subtract line 1g from line	e 1a. If zero or les	ss, enter -0			
	e lc. If zero or les	s, enter -0		reporting	Yes
j If there is an amount other section 4911 tax for this	than zero on either year?	er line 1h or line 1i, did the organism 4-Year Averaging Period U	anization file Form 4720	complete all of the five	····· Yes
j If there is an amount other section 4911 tax for this	e 1c. If zero or les r than zero on eithe year? e organizations th	er line 1h or line 1i, did the orga	anization file Form 4720 Inder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five	····· Yes
j If there is an amount other section 4911 tax for this	e 1c. If zero or les r than zero on eithe year? e organizations th	4-Year Averaging Period Unat made a section 501(h) elens below. See the instruction	anization file Form 4720 Inder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five	Yes [
j If there is an amount other section 4911 tax for this  (Some	e 1c. If zero or les r than zero on either year? e organizations the colum Lob (a) 2011	4-Year Averaging Period Unat made a section 501(h) elems below. See the instruction bying Expenditures During  (b) 2012	nder Section 501(h) ection do not have to cons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od (d) 2014	(e) Total
j If there is an amount other section 4911 tax for this  (Some	e 1c. If zero or les r than zero on either year? e organizations the colum Lob (a) 2011	4-Year Averaging Period Unat made a section 501(h) elems below. See the instruction	nder Section 501(h) ection do not have to cons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od (d) 2014	(e) Total
j If there is an amount other section 4911 tax for this  (Some Calendar year (or fiscal year beginning in)  2 a Lobbying non-taxable amount	e 1c. If zero or les r than zero on either year? e organizations the colum Lob (a) 2011	4-Year Averaging Period Unat made a section 501(h) elems below. See the instruction bying Expenditures During  (b) 2012	nder Section 501(h) ection do not have to cons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.)  od  (d) 2014	(e) Total
j If there is an amount other section 4911 tax for this  (Some Calendar year (or fiscal year beginning in)  2 a Lobbying non-taxable amount	e 1c. If zero or les  than zero on eithe year?  e organizations th colum Lob  (a) 2011	4-Year Averaging Period Unat made a section 501(h) elems below. See the instruction bying Expenditures During  (b) 2012	anization file Form 4720  Inder Section 501(h) Inder Section 501(h) Inder Section 40 not have to cons for lines 2a throug  4-Year Averaging Period 2013	(d) 2014	(e) Total
j If there is an amount other section 4911 tax for this  (Some Calendar year (or fiscal year beginning in)  2 a Lobbying non-taxable amount (150% of line 2a, column (e))	e 1c. If zero or les r than zero on either year? e organizations the colum Lob (a) 2011	4-Year Averaging Period Unat made a section 501(h) elems below. See the instruction bying Expenditures During  (b) 2012	nder Section 501(h) ection do not have to cons for lines 2a throug 4-Year Averaging Peri	(d) 2014	(e) Total

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description Yes No Amount of the lobbying activity. 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: a Volunteers?.... b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?...... c Media advertisements?.... e Publications, or published or broadcast statements?.... f Grants to other organizations for lobbying purposes?..... i Other activities?.... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?..... **b** If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Νo Yes 1 Х 1 Were substantially all (90% or more) dues received nondeductible by members?..... 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?.... X Did the organization agree to carry over lobbying and political expenditures from the prior year?..... X Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) 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 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year..... 2 a 2 c

Taxable amount of lobbying and political expenditures (see instructions)..... Part IV Supplemental Information

**c** Total ......

expenditure next year?....

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

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 3

4

5

0.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	North American Word Game Pl Association	ayers		26-4328248	
0.000		Advised Funds or Oth	er Similar Fund	s or Accounts.	
Part	Complete if the organization answ	vered 'Yes' to Form 990	, Part IV, line 6.		
		(a) Donor advised		(b) Funds and other acc	counts
1	Total number at end of year				
	Aggregate value of contributions to (during year)			<del>-</del>	<del></del>
	Aggregate value of contributions to (during year)		L L	-	
	Aggregate value of grants from touring year /				
				1: 15 -4-	
	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal	CONTROLL		No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ of the donor or donor adviso	ing that grant funds r, or for any other p	can be used only urpose conferring Yes	No
w	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990	), Part IV, line 7.		
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply).		
	Preservation of land for public use (e.g., r		Preservation of	a historically important land	area
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	كسا Complete lines 2a through 2d if the organization l	neld a qualified conservation co	ntribution in the form	of a conservation easement on	the
	last day of the tax year.			Held at the End of	
					the rax real
а	Total number of conservation easements			2 a	
b	Total acreage restricted by conservation ease	ments		2.0	
	Number of conservation easements on a certification				
d	Number of conservation easements included structure listed in the National Register				
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished	l, or terminated by the	e organization during the	
4	Number of states where property subject to cons	ervation easement is located 🟲			
5	Does the organization have a written policy re and enforcement of the conservation easeme	nts it holds?			No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easements d	uring the year	
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservat	ion easements during	the year	
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?			🔲	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	to the organization's imancia	ii Stateilleills that ut	escribes the digamizations at	et, and ecounting for
Pai	Organizations Maintaining Collections of the Organization and Complete if the Organization and Comp	ections of Art, Historica swered 'Yes' to Form 99	al Treasures, or 10, Part IV, line 8	Other Similar Assets. 3.	
	If the organization elected, as permitted und art, historical treasures, or other similar assets to in Part XIII, the text of the footnote to its final	neid for public exhibition, educa ancial statements that describ	es these items.	Therance of public service, pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education,	of research in faithe	falloc of public service, provide	works of art, the
	(i) Revenue included in Form 990, Part VIII	, line 1			
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art,	historical treasures, or other si 3 116 (ASC 958) relating to the	milar assets for finan nese items:	cial gain, provide the following	
	a Revenue included in Form 990, Part VIII, line	e 1	,,,	🟲 Ş	
	h Assats included in Form 990 Part Y			⊁\$	

Contract to the contract of th		· · · · · · · · · · · · · · · · · · ·		,	0.00			<del></del>
3 Using the organization's acquisition, items (check all that apply):	accession, an				e a significant use of its co	ollection		
a Public exhibition		· · · · · · · · · · · · · · · · · · ·		change programs				
<b>b</b> Scholarly research		e 📙 🤆	Other					
c Preservation for future generation	ations							
4 Provide a description of the organiz Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or i nan to be main	receive donations ntained as part of	of art, his the organ	torical treasures, or ization's collection?	r other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	Arrangem amount on	<b>ents.</b> Complet Form 990, Par	e if the o	organization ans	swered 'Yes' to Form	n 990,	Part	IV, 
1 a ts the organization an agent, trus	tee, custodiar	n, or other interme	ediary for	contributions or oth	er assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement					L			1
· · ·					,	Amount		
c Beginning balance					1с			
d Additions during the year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		. 1 d	·		
e Distributions during the year					1e			
f Ending balance								
2a Did the organization include an a								No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. (	Check here if the	explanatio	n has been provide	d in Part XIII			]
					.,,.			
Part V Endowment Funds. C	omplete if	<u>the organization</u>	on answe	ered 'Yes' to Fo				
	(a) Current	year (b) Pi	rior year	(c) Two years back	(d) Three years back	(e) F	our years	back
1 a Beginning of year balance						<del> </del>		
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses		T						
g End of year balance								
2 Provide the estimated percentag	e of the curre	nt year end balar	ice (line 1	g, column (a)) held	as:			
a Board designated or quasi-endown	nent 🟲	% %						
<b>b</b> Permanent endowment ▶	- %							
c Temporarily restricted endowme	nt ►	%						
The percentages in lines 2a, 2b,	and 2c shoul	d equal 100%.						
3 a Are there endowment funds not in	the possession	of the organization	n that are h	eld and administered	d for the	ı		
organization by:						200	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations		.,,				. 3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related						. 3b		
4 Describe in Part XIII the intende			downnent	iurias.	<del></del>			
Part VI Land, Buildings, and Complete if the organ	<b>Equipmen</b> iization ans	ι <b>.</b> wered 'Yes' to	Form 9	90, Part IV, line	11a. See Form 99	0, Par	t X, lir	ne 10.
Description of property		(a) Cost or other (investment		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment				13,473.	10,848.		2	<u>,625.</u>
e Other								
Total. Add lines 1a through 1e. (Colur	nn (d) must e	qual Form 990, P	art X, colu	ımn (B), line 10c.).				,625.
BAA					Sched	dule <b>D</b> (F	orm 990	J) 2014

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26-4328248

Part VII Investments - Other Securities.	Voc! to Form OO!	N/A ), Part IV, line 11b. See Form 990, Part X, line 12
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives	(m) 2001/ 10100	(7)
) Closely-held equity interests		
Other	<del></del>	
)		
<u>′</u>		
)		***************************************
)		
)		
<u></u>		
)		
·		
tal. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶	<u>-</u>	THE TRANSPORT OF THE PROPERTY
Program Polated		N/A
Complete if the organization answered	<u>'Yes' to Form 99</u>	0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)	· · · · · · · · · · · · · · · · · · ·	
(7)		
(8)		
(9)		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
(1) (a) Des	scription	Poo, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(3)		
(4)	<del></del>	
(5)		
(6)		
(7)		
(8)	·	
(9)	<del></del>	
(10)	D) (inc. 15.)	<b>&gt;</b>
otal. (Column (b) must equal Form 990, Part X, column (l	5), IIIIe 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Formula (a) Description of liability	orm 990, Part IV, line (b) Book val	e 11e or 11f. See Form 990, Part X, line 25  ue  If you have the second of the second
(1) Federal income taxes		
(2)		i sopil recipida (m. 1866) i politika kiloka ki
(3)		
(4)		
(5)		
(6)		
(7)		
(9)		and complete a ship to the complete and the complete and complete and complete and complete and complete and c
(10)		
(11)		
Total (Column (h) must equal Form 990, Part X, column (B) line 25.)	•	
2 Liability for uncertain tay positions. In Part XIII, provide the text of the fo	ontnote to the organization	
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote	has been provided in Par	t XIII
ΒΔΔ	TEEA3303L 08/25/	

	. Indial D	Ph. 1 317 / 76	
Part XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue p	er Return. N/A	
Complete if the organization answered 'Yes' to Form 990, F	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 (		
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities	. 2b	100000	
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII.)	. 2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
<b>b</b> Other (Describe in Part XIII.)	. 4b		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	) . <i>.</i>	5	
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	s per Return. N/A	
Complete if the organization answered 'Yes' to Form 990,	Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	. 2 b		
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from fine 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		10.000000000000000000000000000000000000	
a Investment expenses not included on Form 990, Part VIII, line /b	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	4b	encolor.	
a Investment expenses not included on Form 990, Part VIII, line /bb Other (Describe in Part XIII.)	.   4b		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule **D** (Form 990) 2014

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

Supplemental Information to Form 990 or 990-EZ

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

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

North American Word Game Players Association

Employer identification number

26-4328248

#### Form 990 - Additional DBAs

North American Scrabble Players

Association

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Christopher Cree and Carla Cree are husband and wife.

Form 990, Part VI, Line 11b - Form 990 Review Process

The accountant provides the members of the governing body with a Form 990 draft which is reviewed in detail for accuracy. Any possible changes are discussed and, if approved, are communicated back to the accountant. If the review produces no change, that result is also communicated and the accountant then prepares the final copy for signature.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization provides the public its governing documents upon request. The organization does not generally make its financial statements available to the public.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

North American Word Game Players Association

Employer identification number

26-4328248

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
<u>(1)</u>					
(2)	-				
<u>(3)</u>					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Sec 512 controlled	(b)(13) d entity?
						Yes	No
(1) N. Amer. Word Game Players Assoc.  P O Box 12115 Dallas, TX 75225-0115	financial aid to foster youth literacy	TX	501 (c) (3)	170(b)(1)(A)( vi)	N/A		х_
(2)							
(3)							
							İ
(4)							
					Colorado la <b>D</b>	/F 000	0.0014

Part II Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 3 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispr	h) ropor- nate ntions?	K-1 (Form	Gene mana part	j) eral or aging ner?	Pe o
		foreign country)		512-514)			Yes	No	1065)	Yes	No	-
(1)												
(2)												
							<u>[</u>					
	1											
							<u> </u>					
(3)												
	†											
	1							<u> </u>		J		Щ

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Mile of beeddess it its site				7.5	(6)	(a)	(h)	1
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	Percentage ownership	contro
		country)	entity	or trust)				Yes
(1) Cree Investment Management Cor 3708 Bryn Mawr Drive								
Dallas, TX 75225	equip						17.73	
75-2760679	sales	TX	N/A	C corp	N/A	N/A	N/A	-
(2)								
(3)	-							
	+							
	†	1					<u> </u>	
	<u> </u>	<u> </u>	<del></del>				Schedule R	(Form '

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

MARIE TURISDOILO CONTROL CONTR			Yes No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			les no
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	zations listed in Parts II-IV?		1a   X
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			·   10   A
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
Solo of pecats to related programization(s)			19 22
B Durchago of assets from related proparization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
Exchange of accets with related organization(s)			· 11 A
j Lease of facilities, equipment, or other assets to related organization(s)		,,	1j   X
			CATHERING OF STREET, AND CONTROL
k Lease of facilities, equipment, or other assets from related organization(s)			
Portormance of services or membership or fundraising solicitations for related organization(s)			A
Devicements of services or membership or fundraising solicitations by related organization(s)			IIII X
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
			CONTRACTOR ASSESSED.
p Reimbursement paid to related organization(s) for expenses.			1p X
q Reimbursement paid by related organization(s) for expenses			
			BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
r Other transfer of cash or property to related organization(s)			1r X
Other transfer of each or property from related organization(s)			1s X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, include	ling covered relationships and trans	Saction in condica.	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
MA.			
(1)			
(2)			
(3)			
(4)			
(5)			
~/			
(6) TEEA5003L 08/22/14		Schedu	lle <b>R</b> (Form 990) 2014

# Part VIII Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity		(c) Legal domicile	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	Are all 1	e) partners	(f) Share of total income	(g) Share of end-of-year assets	- L tion	n) opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	mana parti		(k) Percentag ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	-
(1)													
	1					İ							
(2)													
	]												
(3)													
(3)													
								-				<u> </u>	<del>  -</del>
( <u>4)</u>	. •												
	·							<u> </u>	<u> </u>			<u> </u>	ļ
(5)	-												
(6)													
			<u> </u>	-					_				-
<u>(7)</u>	-												
	_								-		-	-	
(8)					:								
	-												
BAA		<u> </u>	<u> </u>	EEA5004	L 08/22/	14				Sched	ule <b>R</b>	(Form !	990) 2014

Part VIII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

2014	Federal Supporting Detail North American Word Game Players Association		Page 1 26-4328248
Dispositions Excluded (2a)			
	ributions {Part VIII,Line 7(a)(ii)}Total	\$	3,121. 3,121.
Stmt. of Functional Ex Conferences, convent			
Committee Meetings	sTotal	\$ \$	6,404. 6,404.
Officers, Directors, Tr Nontaxable benefits	rustees Compen.		
Health Insurance.	Total	\$ 1 \$	18,641. 18,641.