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.

OMB No. 1545-0047 2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning , and ending North American Word Game Players D Employer identification number C Name of organization Check if applicable: Address change Association \*\*-\*\*\*8248 Doing business as North American Scrabble Players Name change Number and street (or P.O. box if mail is not delivered to street address) 214-891-9360 PO Box 12115 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Dallas TX 75225-0115 256,648 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending C. Christopher Cree 3541 Colgate H(b) Are all subordinates included? Dallas TX 75225 If "No," attach a list. See instructions **4** ) (insert no.) **X** 501(c) ( 501(c)(3) 4947(a)(1) or 527 Tax-exempt status: www.scrabbleplayers.org Website: H(c) Group exemption number Year of formation: 1991 X Corporation Trust Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To Promote Community of Scrabble Players **Activities & Governance** 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 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 57,452 77,596 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 17,675 18,890 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,534 38,497 172,484 121,665 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 280,145 256,648 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Expenses **b** Total fundraising expenses (Part IX, column (D), line 25) 260,741 192,394 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,741 192,394 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19,404 64,254 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or 341,889 277,635 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 635 341*.*889 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. Signature of officer Sian President Here C. Christopher Cree Type or print name and title Preparer's name Preparer's signature Check Paid Michael P Bruce, CPA Michael P Bruce, CPA 09/08/25 self-employed <del>\*\*-\*</del>\*\*4770 **Preparer** Michael Bruce, CPA, Firm's name Firm's EIN **Use Only** 12201 Merit Dr Ste 430

75251-3113

Dallas, TX May the IRS discuss this return with the preparer shown above? See instructions 972-386-6991

X Yes

Form	990 (2024) North American Word Game Players	**-***8248	Page <b>2</b>
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any li	ne in this Part III	
1	Briefly describe the organization's mission:		
	To Promote Community of Scrabble Players		
2	Did the organization undertake any significant program services during the year which	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	s, any program	
	services?		Yes X No
	If "Yes," describe these changes on Schedule O.		·····
4	Describe the organization's program service accomplishments for each of its three larg	gest program services, as measured by	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the am	ount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ including grants of \$	) (Revenue	\$ )
P	(Code: ) (Expenses \$ including grants of \$ covide for players community	, (	Ψ <i>)</i>
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue	\$ )
	/A		
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue	\$)
N	/A		
		·····	·····
4d	Other program services (Describe on Schedule O.)		
4.	(Expenses \$ 18,662 including grants of \$	) (Revenue \$	)
4e	Total program service expenses 18,662		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 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 X 3 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 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 X 6 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b 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 X 11c 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII **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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 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 X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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.

X

200000	discovered of nequired Schedules (continued)					
22	Did the experientian report more than \$5,000 of greate or other exciptance to or for democific individuals or				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	1		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the					- 21
25	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		X
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 2	24b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	r				
	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 b	enefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr	ior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E.	Z?				
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr	ent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	ey				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedul	е				
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	ı		00000000	180808080	8333333
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? I "Yes," complete Schedule L, Part IV	ı		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
·	"Yes," complete Schedule L, Part IV			28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N	 I. Part	 I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			250		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			35b		
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			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	on				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b a					
200427	19? Note: All Form 990 filers are required to complete Schedule O.					X
P	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	<u>/</u>				
		1 .	1 7	Ecococco	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	17	00000000   00000000   00000000		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			20000000		X
	reportable gaming (gambling) winnings to prize winners?			1c	1	Λ

Pá	IN Statements Regarding Other IRS Filings and Tax Compliance (continued)	าued)			Yes	No
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
3a				. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other autho					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account,	ount)?		. 4a	-200000000	X
b	If "Yes," enter the name of the foreign country			. [0000000		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts (F	-BAR).	- -		•
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			-		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х
b	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions o			. <u>6a</u>		21
D	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				-000000000	
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
u	and services provided to the payor?			7a	00000000	200000000
b	If "Van" did the appropriation positive the degree of the value of the greedeness and all of the propriations are in the second of the green of the			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			.		
_	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	-10		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the				
	sponsoring organization have excess business holdings at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
а				. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	ایدا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	116		0000000		
120	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11b		12a	186868888	400000000
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		. 12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-		
а	le the organization licensed to issue qualified health plans in more than one state?			13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
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	13b		0000000		
С	Enter the amount of reserves on hand	13c				
14a	Did the examination receive any payments for indeer tenning consists during the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	3				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			. 17	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000000
	If "Yes," complete Form 6069.					

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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	1a	1			
	If there are material differences in voting rights among members of the governing body, or			0000000		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			00000000		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			0000000		
	any other officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			00000000		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int			e Code.)		
	•				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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	orm?		11a		X
b	Describe on 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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to a	onflicts	::::::::::::::::::::::::::::::::::::::	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			0000000		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			00000000		
а	The organization's CEO, Executive Director, or top management official			45-		X
b	Other officers or key employees of the organization			156		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			3333333		
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		X
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			0000000		
	organization's exempt status with respect to such arrangements?			16b	Скононононон	00000000
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section					
-	(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 on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	olicv.				
-	and financial statements available to the public during the tax year.	- <b>J</b> ,				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.					
	. Christopher Cree 3541 Colgate Ave					

Dallas

	orm 990 (2024)	North	American	Word	Game	Play	ver
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Page **7** 

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

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

### 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title			o not c x, unle icer ar	Pos check ess pe	ition more rson i irecto	than or s both a	ne an e)	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Michael Willis	0.00									
Trustee	0.00	X						0	0	0
(2) C. Christopher C										
President	0.00			х				0	0	0
(3) Elizabeth Phifer				Λ				0	<u> </u>	
(0) ====================================	0.00									
Vice President	0.00			X				0	0	0
(4) Mary Rhoades										
	0.00									•
Secretary	0.00			X				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers  (A)  Name and title	(B) Average hours per week	(B) (do not cher Average box, unless hours officer and a						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
Subtotal     Total from continuation sheet     Total (add lines 1b and 1c)     Total number of individuals (increportable compensation from the compensation from	ets to Part VII, So	ectio	n A					who received more than \$100	0,000 of	
<ul> <li>employee on line 1a? If "Yes," of</li> <li>For any individual listed on line organization and related organization</li> </ul>	<ul> <li>Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> </ul>									3 X 4 X
for services rendered to the org Section B. Independent Contractor	ganization? <i>If "Yes</i> rs	s," cc	mple	ete S	ched	dule .	J for	such person		5 X
Complete this table for your five compensation from the organization.	ation. Report com							year ending with or within the	e organization's tax year.	(C)
Name and business address								Descrip	(B) tion of services	(C) Compensation
2 Total number of independent or received more than \$100,000 or							osel	listed above) who	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or exempt (D) Revenue excluded Total revenue function revenue from tax under business revenue sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts 1a Federated campaigns ..... 1a **b** Membership dues 64,546 1b c Fundraising events ..... 1c **d** Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, 13,050 and similar amounts not included above .... 1f Noncash contributions included in lines 1a-1f ..... 1<u>g</u> h Total. Add lines 1a-1f . 77,596 Business Code 18,890 18,890 Product Sales Program Service Revenue f All other program service revenue ..... 18,890 g Total. Add lines 2a-2f ...... Investment income (including dividends, interest, and other similar amounts) 38,497 38,497 Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other Other Revenue basis and sales exps. 7b c Gain or (loss) 7с d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ...... 10b **c** Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 94,293 94,293 11a  $21,17\overline{1}$ License Fee for USe 21,171 3,084 3,084 Advertising Revenue 3,117 3,117 All other revenue 121,665 Total. Add lines 11a-11d ...

256,648

179,052

0

0

Total revenue. See instructions

Pa	art IX Statement of Function	onal Expe	enses			
Sect	tion 501(c)(3) and 501(c)(4) organization				ete column (A).	
	Check if Schedule O contain	ns a response				X
	not include amounts reported on lines 9b, and 10b of Part VIII.	s 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organization	ns				
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domest	tic				
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and					
	foreign individuals. See Part IV, lines 15 an	d 16				
4	Benefits paid to or for members					
5	Compensation of current officers, direct	ctors,				
	trustees, and key employees					
6	Compensation not included above to disqua	alified				
	persons (as defined under section 4958(f)(	1)) and				
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages					
8	Pension plan accruals and contributions (in	clude				
	section 401(k) and 403(b) employer contrib	utions)				
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (nonemployees):					
а	Management					
b			807		807	
С	Accounting		975		975	
d						
е	Professional fundraising services. See Part	IV, line 17				
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, c	olumn				
	(A), amount, list line 11g expenses on Schedule O.)		152,510	17,662	134,848	
12	Advertising and promotion					
13	Office expenses		37,102		37,102	
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment ex	penses				
	for any federal, state, or local public off					
19	Conferences, conventions, and meeting	gs				
20	Interest					
21	Payments to affiliates		1 000	1 000		
22	Depreciation, depletion, and amortization		1,000	1,000		
23	Insurance					
24	Other expenses. Itemize expenses not cover	D0000				
	above. (List miscellaneous expenses on lin	100000				
	line 24e amount exceeds 10% of line 25, co	100000				
	(A), amount, list line 24e expenses on Sche	edule O.)				
a	*					
b	*					
C	*					
d	• • • • • • • • • • • • • • • • • • • •					
е			100 004	10 000	150 500	_
25	Total functional expenses. Add lines 1 through 2	24e	192,394	18,662	173,732	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint co from a combined educational campaign and fundraising solicitation. Check here if					

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,479 19,523 Cash—non-interest-bearing 264,872 313,369 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 5,784 7,497 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,000 10a 1,500 b Less: accumulated depreciation 10b 2,500 1,500 10c Investments—publicly traded securities \_\_\_\_\_ 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 15 277,635 341,889 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 0 0 **Total liabilities.** Add lines 17 through 25 ....... 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions ..... 277,635 341,889 27 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 277,635 341,889 32 277,635 341,889 Total liabilities and net assets/fund balances .....

Form **990** (2024)

	1 990 (2024) North American Word Game Players **-**8248			Pa	ge <b>12</b>
Pa	art XI Reconciliation 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		56,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	92,	394
3	Revenue less expenses. Subtract line 2 from line 1	3		64,	254
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	77,	635
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3	41,	889
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		00000000		
	Schedule O.		00000000		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		00000000		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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.		00000000		
	Separate basis Consolidated basis Both consolidated and separate basis		00000000		
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		00000000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
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 on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

## SCHEDULE D (Form 990) (Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

N	orth American Word Game Players			identification number
	<ul> <li>ssociation</li> <li>Organizations Maintaining Donor Advised Funds or Other</li> <li>Complete if the organization answered "Yes" on Form 990, Pa</li> </ul>			**8248 nts
		or advised funds	(	b) Funds and other accounts
1	Total number at and of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised		
	funds are the organization's property, subject to the organization's exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund			
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any c			
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements			
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation or education)	ervation of a historically in	nportant la	and area
	Protection of natural habitat Prese	ervation of a certified histo	ric struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservatio	n	
	easement on the last day of the tax year.		8383838	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	- · · · · · · · · · · · · · · · · · · ·			
С			2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and no			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by		
	the organization during the tax year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor	cing		
	conversation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing			
	conservation easements during the year			\$
8	Does each conservation easement reported on line 2d above satisfy the requirements of sec	tion 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	·	balance	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statem	ents that describes the		
99999	organization's accounting for conservation easements.	0.11	0: ::	
	Organizations Maintaining Collections of Art, Historical To Complete if the organization answered "Yes" on Form 990, Pa		Simila	r Assets
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue st			
	of art, historical treasures, or other similar assets held for public exhibition, education, or res	•	ıblic	
	service, provide in Part XIII the text of the footnote to its financial statements that describes t			
b	7			
	art, historical treasures, or other similar assets held for public exhibition, education, or resear	rch in furtherance of publ	c service	ı
	provide the following amounts relating to these items.			
	(i) Revenue included on 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 similar assets f	or financial gain, provide	he	
	following amounts required to be reported under FASB ASC 958 relating to these items.			_
a	* * * * * * * * * * * * * * * * * * * *			\$
h	Assets included in Form 990 Part X			Si .

(investment)

(other)

3,000

Schedule D (Form 990) (Rev. 12-2024)

depreciation

1,500

1a Land

**e** Other

**b** Buildings c Leasehold improvements **d** Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial d	erivatives			
(2) Closely hel	d equity interests			
(3) Other				
/ <b>A</b> \				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related		<u> </u>	•••••
	Complete if the organization answered "Yes" on	Form 990 Part IV I	ine 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) book value	Cost or end-of-year	
(1)			00000 010101900	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11d. See Form 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) much and Farm 200 Bart V Eng 15 and (B))			
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X		Form 000 Dort IV	line 11e er 11f Cee Fern	- 000 Dowl V
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line Tie of Til. See Forn	n 990, Pan X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))			
	uncertain tax positions. In Part XIII, provide the text of the footnote	e to the organization's finar	ncial statements that reports the	
-	fability for uncertain tax positions under FASB ASC 740. Check h	-		ı Г
	, I I I I I I I I I I I I I I I I I I I			

Sche	dule D (Form 990) (Rev. 12-2024) North American Word Gar	me Players	**-***8248	Page <b>4</b>
	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form	tatements With Reve		
	Total revenue, gains, and other support per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	<del></del>	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
	Donated services and use of facilities			
b	Prior year adjustments	2b		
	Other losses	ο-		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Pa	rt XIII Supplemental Information			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			

Schedule D (Fo	orm 990) (Rev	. 12-2024) <b>NO</b> I	th America	an word	Game	Players	**-***8248	Page <b>5</b>
Part XIII	Supplem	ental Inform	ation (continue	ed)				
			(	- /				
•								
•								
•								
•								
•								
•								
								• • • • • • • • • • • • • • • • • • • •
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•								
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•								

### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

No review was or will be conducted.

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization North American Word Game Players
Association
Form 990, Part III, Line 4d - All Other Accomplishments

Promotion of Scrabble Players in numbers and community

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part IX, Line 11g - Other Fees for Services

Tot/I	Prog Service	Mgt	t & General	Fund	raising
Committe Expenses					
\$	0	\$	3,068	\$	0
Credit Card Fees					
ş	0	\$	4,264	\$	0
Donation				<u>.</u>	
Ş	0	\$	6,804	<b></b> \$	0
Dues			1 = =		
Thau manaa	0	\$	155	\$	0
Insurance Š		\$	12,448	\$	0
License Fee		X	14,770	<b>Y</b>	
s s	99	\$	0	\$	
Office Equipment		<b></b>	· · · · · · · · · · · · · · · · · · ·	Y	· · · · · · · · · · · · · · · · · · ·
\$	4,598	\$	0	\$	0
Office Expenses					
\$	0	\$	2,998	\$	0
Postage, Mailings	5				
\$	2,477	\$	0	\$	0
Telephone & Commu	unications				
\$	0	\$	1,397	\$	0
[ravel					
\$	0	\$	3,488	\$	0
SPC Costs					
\$	0	\$	95,197	\$	0
SPC Costs 2023		<b>.</b>			
\$ 7	0	\$	5,029	\$	0
Cost of Inventory	10.400				
 Μαμαί	10,488	\$	0	\$	0
Total	17,662	\$	134,848	\$	0
<del>)</del>	17,002	<del>?</del>	134,848	P	U

Form	990,	Part	XI,	Line	9 -	Other	Changes	in	Net	Assets	Explanation	
See S	Schedi	ule O									\$	0

Form **4562** 

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Name(s) shown on return North American Word Game Players Association

Identifying number \*\*-\*\*\*8248

	ness or activity to which this form re							
	ndirect Depreci							
P		cpense Certain Prop						
	Note: If you ha	ve any listed property	y, complete Part	V before you	complete Pa	rt I.		
1	Maximum amount (see instruc						1	1,220,000
2	Total cost of section 179 prope	erty placed in service (see in	nstructions)				2	
3	Threshold cost of section 179			ıctions)			3	3,050,000
4	Reduction in limitation. Subtraction						4	
5	Dollar limitation for tax year. Subtr	act line 4 from line 1. If zero or	r less, enter -0 If marrie	ed filing separately, s	see instructions		5	
6	(a) Des	cription of property		(b) Cost (business use	only) (c)	Elected cost		
7	Listed property. Enter the amo				7		_	
8	Total elected cost of section 1		n column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the		<u>.</u>				9	
10	Carryover of disallowed deduc	tion from line 13 of your 202	23 Form 4562				10	
11	Business income limitation. Er						11	
12	Section 179 expense deductio				I I		12	
13 Note	Carryover of disallowed deduces: Don't use Part II or Part III belo				13			
				naiation (Doni	ا ماریمام انماد		4. C	a a implementiana \
		ciation Allowance a		•	t include liste	ea prope	ιιy. S	ee instructions.)
14	Special depreciation allowance	· · · · · · ·		' '			44	
4-	during the tax year. See instruc						14	
15	Property subject to section 168	S(I)(I) election					15 16	1,000
16 D	Other depreciation (including A	ciation (Don't includ					10	1,000
00000	wachs bepre	Ciation (Don't includ	Section		10115.)			
17	MACRS deductions for assets	placed in service in tay yes					17	0
18	If you are electing to group any assets							
10		B—Assets Placed in Ser					stem	
		(b) Month and year	(c) Basis for deprecial					
	(a) Classification of property	placed in service	(business/investment only-see instructions	use	(e) Convention	(f) Meth	iod	(g) Depreciation deduction
19a	3-year property		, , , , , , , , , , , , , , , , , , , ,	-,				
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
ī	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section (	—Assets Placed in Servi	ice During 2024 Tax	Year Using the	Alternative Depr	eciation S	ystem	
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
P	art IV Summary (See	instructions.)						
21	Listed property. Enter amount	from line 28					21	
22	Total. Add amounts from line							4 000
	here and on the appropriate lin	es of your return. Partnersh	nips and S corporation	ns—see instruction	ns		22	1,000
23	For assets shown above and p				1		202020202	

F54 North American Word Game Players

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Federal Asset Report

Form 990, Page 1

09/08/2025 5:04 PM

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179E	Basis Sonus for Depr	PerConv Meth	Prior	Current
	Depreciation: Computer  Total Other Depreciation	7/01/23 _	3,000		3,000	3 MO S/L	500	1,000 1,000
	<b>Total ACRS and Other Depreciation</b>				3,000		500	1,000
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers  =	3,000 0 0 3,000		3,000 0 0 3,000		500 0 0 500	1,000 0 0 1,000

FYE: 12/31/2024

F54 North American Word Game Players

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AMT Asset Report Form 990, Page 1

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Asset	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depred		7/01/23	3,000			3,000	3 MO S/L	500	1,000 1,000
	Total ACRS and Other Depreciation		3,000			3,000		500	1,000
	Grand Totals Less: Dispositions and Trans Net Grand Totals	fers _	3,000 0 3,000			3,000 0 3,000		500 0 500	1,000 0 1,000

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5:04
9/8/2025
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# F54 North American Word Game Players

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Federal S	

	Fund Raising		0
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ee)	Management & General	3,068 4,264 6,804 155 12,448 2,998 1,397 3,488 95,197 5,029	134,848
employ	Mai	v.	₩.
Service (Non-	Program Service	99 4,598 2,477 10,488	17,662
ees for	<b>—</b>	W-	<b>₩</b>
11g - Other F	Total Expenses	3,068 4,264 6,804 155 12,448 2,998 2,998 2,477 1,397 1,397 1,397 1,397 1,397 1,488 95,197	152,510
IX, Line	ш	v <sub>2</sub>	w W
Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Description	Committe Expenses Credit Card Fees Donation Dues Insurance License Fee Office Equipment Office Expenses Postage, Mailings Telephone & Communications Travel SPC Costs SPC Costs Cost of Inventory	Total