Form 990

OMB No. 1545-0047 **2014**

TAXPAYERS COPY

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For the 2	014 calen	dar year, or tax year beginning , 2014, and endi	ng		•	
В	Check if app	olicable:	C		D Employ	er identifi	cation number
	Addres	s change	North American Word Game Players		26-4	13282	48
		change	Association		E Telepho		
	Initial						
	-						
	<u> </u>	urn/terminated			1_	_	
	Amend	led return			G Gross re		10007.501
	Applica	ation pending	F Name and address of principal officer:	1 ''	a group return		162 140
			A STORE OF THE PERSON OF THE P	H(b) Are al	subordinates attach a list.	included:	? Yes No
1	Tax-exen	npt status	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527	11 110	ataba a man	1000 111111	delibility
J	Websit	e: - ww	w.scrabbleplayers.org	H(c) Group	exemption nu	ımber 🕨	
K		organization:	X Corporation Trust Association Other ► L Year of form				gal domicile: TX
0.7-		Summar		200	J ·		gar 461,1010. <u>171</u>
直接.	1 Bri	efly descri	be the organization's mission or most significant activities: The mis	cion of	the e	ranni	Instica in to
			nd promote a multinational community of SCRAF	DIE (D)	CTIE U	Taill	gamo
Activities & Governance	5			DLE (K)	CLOSSV	volu ·	уаше
2	l bi	Layers.					
le l	2 Ch	eck this bo	if the organization discontinued its operations or disposed of r	nore than 3	25% of ite		rote
္မ်ာ	3 Nu		oting members of the governing body (Part VI, line 1a)			3	_
95	4 Nu		dependent voting members of the governing body (Part VI, line 1b)			4	3
es	5 Tol		of individuals employed in calendar year 2014 (Part V, line 2a)			5	
3	6 To		of volunteers (estimate if necessary).			6	100
5	7a To		ed business revenue from Part VIII, column (C), line 12			7a	0.
-			business taxable income from Form 990-T, line 34			7b	0.
			,		Prior Year		Current Year
	8 Co	ntributions	and grants (Part VIII, line 1h)		124,5	5.8	123,032.
9			vice revenue (Part VIII, line 2g)		89,8		128,768.
Revenue		-	ncome (Part VIII, column (A), lines 3, 4, and 7d).		29,6		9,648.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			93.	33,486.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245,7		294, 934.
_			imilar amounts paid (Part IX, column (A), lines 1-3).	2000 A		137.	
	1		to or for members (Part IX, column (A), line 4)			137.	836.
	1	-					
Ş	15 Sa		er compensation, employee benefits (Part IX, column (A), lines 5-10)			_	57,680.
Expenses	16a Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)	* *	Designation of the second		
9	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ▶				
ũ	17 Otl	her expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	55.5	228,6	513.	228,620.
	1	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	V200	229,0		287,136.
	1		s expenses. Subtract line 18 from line 12.		16,7		7,798.
8		7011d0 1000	o expenses. Castast line 14 from line 12.1.		ing of Currer		End of Year
ete.	20 To	tal accets	(Part X, line 16)	beginin	290,3		
Net Assets Fund Balan	21 To		es (Part X, line 26).		290,3	0.	313,839.
ě S	2. 10		- 1864 MARK MARK MARK TO THE STREET AND THE STREET WAS A STREET AND THE STREET AND THE STREET AND THE STREET A				285.
			fund balances. Subtract line 21 from line 20	(*·)*	290,3	320.	313,554.
_		Signatur					
Und	er penalties	of perjury, I de	eclare that have examined this return, including accompanying schedules and statements, and the latest that officer) is based on all information of which preparer has any knowledge.	to the best of	my knowledge	and belie	ef, it is true, correct, and
COM	piete, Deciai	ation of prepa	ret when the based of all illion action of which preparer has any knowledge.				
			MILEDOCOON PARION		5-7	15	
Sig	gn	PAX	PAYERS COPY	D	ate		
He	ere	Q.	Christopher Cree	Pres	ident		
		Type of	print name and title.				
		Print/Type p	preparer's name Preparer's signature Date	5/1	Check	if F	NITE
Pa	id	Kristi	ina B. Simon, CPA Lustina b mon CPA	17/12	self-employ	red T	P00683150
	eparer	Firm's name		1/13	1	14	
	e Only	Firm's addre			Firm's EIN	▶ 7E	-2398180
~ •		rimi's addr	Carrollton, TX 75006				
140	y the IDC	discuss th	nis return with the preparer shown above? (see instructions)		Phone no.	(972	
ivid	y the ins	u15CU55 [[is return with the preparer shown above; (see instructions), in the preparer	nnesses et et e	********		X Yes No

Form	990 (2014) North American	Word Game Players	26-4328248	Page 2
Par		ervice Accomplishments		<u> </u>
	Check if Schedule O contains	a response or note to any line in this Part III		
1	Briefly describe the organization's mi	ssion:		
	The mission of the orga	nization is to create and promote	e a multinational communi	ty_of_
	SCRABBLE (R) crossword g	ame players.		
2		ificant program services during the year which were not		
			Yes	X No
_	If 'Yes,' describe these new services			
3	_	g, or make significant changes in how it conducts, a	ny program services? Yes	X No
4	If 'Yes,' describe these changes on S	criedule O. service accomplishments for each of its three larges		
•	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	nizations are required to report the amount of grants	and allocations to others, the total exp	enses,
4 8	(Code:) (Expenses \$	216, 346. including grants of \$	836.) (Revenue \$ 128,	,768.)
	The North American Word	Game Players Association promot	<u></u>	
		proximately 2,500 active members		
	National Scrabble Champ	ionship and the 2014 National Sc	hool Scrabble Championshi	p.
	NASPA also sanctions lo	cal area clubs in 41 states and	the District of Columbia.	
41	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 (: (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 (Other program services. (Describe in			
	(Expenses \$) (Revenue \$	
4 €	Total program service expenses	216,346.		

ar	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	'	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		X
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	<u> </u>	
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		Х
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		Х
	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	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	11 8	X	
	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.	111	3	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 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	<u> </u>
	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
12	2 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	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 13	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	14	-	X
74	4a Did the organization maintain an office, employees, or agents outside of the United States?	·	-	
	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.	. 14	ь	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	. 15	•	Х
1	6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	. 16	<u>; </u>	X
	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)	\ \	,	Х
	8 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.	. 1	3	Х
	9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	. 1		X
2	20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	. 2		<u>x</u>
	bif 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	. [2	0 b	\

QI.	Officerial of Rodalion Constitution (1997)	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	į	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	Did the exercisation maintain an escrow account other than a refunding escrow at any time during the year to defease	24 c			
	any tax-exempt bonds? I 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		Σ	<u> </u>
ı	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)	<u>X</u> _
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	an officer director, trustee, key employee, substantial	27			X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	28	u dina		X
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	200	-	+	<u></u>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	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	 -	+	X
30	annihilations? If 'Voc' complete Schedule M	30			Х
31		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	!		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	<u> </u>		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	34	.	?	
Ąr	and Part V, line I	35	ia		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	. 3	5		
37	7 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	. 3	7		X
3	- David September 11 - September 12	. 3	8 orm 95	X X	2014
_			TELLI 🞾	7U (4	.v14

BAA

Form **990** (2014)

Art 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.			. 🖂
Check it Schedule O contains a response of hote to any line in this hart v		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	22		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
b Enter the number of Forms W-2d included in line ta. Enter to what approach to wooders and reportable gaming			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Λ	
Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Х
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3b	 	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	., 4a		X
h 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)			v
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	+	X
h Did any taxable parfy notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 5		<u></u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	4	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz solicit any contributions that were not tax deductible as charitable contributions?	zation 6 a	ì	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6t)	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods are services provided to the payor?	nd 7	a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		3	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7	С	
d If 'Yes' indicate the number of Forms 8282 filed during the year			
• Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	е	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		_	
as required?		1	+-
Earm 1000 C2		h	ng ng digital
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		ministra	
organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.	341.76022	2001 See-	
a Did the sponsoring organization make any taxable distributions under section 4966?		a b	+-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		D	
10 Section 501(c)(7) organizations. Enter:			
a initiation rees and capital contributions included on that the first and the first a			
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:			
a Gross income from members or shareholders	1980		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		. 4	nun spatient
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [125]		1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1	3 a	
a Is the organization licensed to issue qualified health plans in more than one state?		, 0	
Note. 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			
c Enter the amount of reserves on hand		4 a	X
14a Did the organization receive any payments for indoor tanning services during the tax year?		4b	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	1.		90 (201

26-4328248 Page 6 Part 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 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 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х 4 5 X 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body?.... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a X **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes X 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10Ь operations are consistent with the organization's exempt purposes?...... X X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a 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...... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c 13 Did the organization have a written whistleblower policy?....... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. 15a 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 taxable entity during the year?.... Х 16a 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 organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure 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. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Christopher Cree

Form 990 (2014) North American Word Ga	me Pla	yer.	s						26-432824	
Part VII Compensation of Officers, Directo	rs, Trus	tees	s, K	(ey	Em	plo	yee	es, Highest Co	mpensated Em	ployees, and
Independent Contractors Check if Schedule O contains a response of	r note to	any i	ine	in th	nis F	art V	/li			
Section A. Officers, Directors, Trustees, Ke	v Emplo	yee	s,	anc	Hi	ghe	st	Compensated	Employees	
 1 a Complete this table for all persons required to be listed. organization's tax year. List all of the organization's current officers, dire 	Report co	mper tees	isati (wh	on fo	or th er in	e cale divid	enda	ar year ending with	or within the	ount of
compensation. Enter -0- in columns (D), (E), and (F) if	no comp	ensat	tion	was	pa	d.				
 List all of the organization's current key employee List the organization's five current highest compound who received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated e W-2 and/	mplo or Bo	yee x 7	s (of of F	ther orm	than 109	ап 9 -М	officer, director, t IISC) of more than	rustee, or key empt n \$100,000 from the	
 List all of the organization's former officers, key of reportable compensation from the organization and any List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen 	related org es that rec sation fro	anıza eived m the	ition , in e or	is. the d gani	apa izati	city as	s a t	former director or tr any related organi:	ustee of the zations.	
List persons in the following order: individual trustees employees; and former such persons.										pensated
Check this box if neither the organization nor any relati	ed organiz	ation	con			d any	cul	rrent officer, directo	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours	than is	one	box,	unles ifficer truste	eck mo is pers and a ee)	on	(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 employed	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) C. Christopher Cree	40_							26.000	^	10 641
President	0	X		X	-	-		36,000.	0.	18,641.
(2) Carla C Cree	30	X		Х				0.	0.	0.
Executive Direc	20	1	-	^	+-			0.	· ·	

| Continue | Continue

BAA

TEEA0107L 02/27/14

Form **990** (2014)

Part VII Section A. Officers, Directors, T (A) Name and title	Average hours per	(do n	F ot che uniess	(C) Positecking siper:	tion more t son is rector	nan one both ar trustee)	(D) Reportable	írom	(E) Reportable compensation from	(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	the organizati (W-2/1099-MIS	on r	elated organizations (W-2/1099-MISC)	from the organization and related organizations	
15)									***		
16)					į				_		
7)											
8)											
19)											
20)		-									
1)		-									
22)		+-		_							
23)		-									
24)		-									
25)		_									
1 b Sub-total				· · · ·		!	36,	000.	0		<u>41</u> 0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c).						'	36,	0.00.	0 0 of reportable cor	. 18,6	
2 Total number of individuals (including but not lir from the organization 0	nited to those 		abo		WIIO		ed more trians			Yes	Ne
3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J for	Such maivi	uua								3 10 05	X
4 For any individual listed on line 1a, is the su the organization and related organizations g such individual										4	<u> </u>
5 Did any person listed on line 1a receive or a for services rendered to the organization? It	ccrue comp ' 'Yes,' comp	ensati olete S	on fi Schei	rom dule	any e J f	unre or sug	lated organiza h person	ation or	individual	5	}
Section B. Independent Contractors 1 Complete this table for your five highest corcompensation from the organization. Report col	npensated in	ndeper	nder caler	nt co	ontra r vea	ctors	that received	more t	han \$100,000 of ganization's tax ye	ear.	
(A) Name and business								(B)	of services	(C) Compensatio	'n
											<u> </u>
2 Total number of independent contractors (inclu	ding but not l	imited	to th	nose	e liste	ed abo	ve) who receiv	ed more	e than	esing pangangangan Kanangangangangangangangangangangangangan	
\$100,000 of compensation from the organiz	ation 🟲 🐧								200	Form 990	

	Check if Schedule Occ			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
? 1a	Federated campaigns	1a					
Б	Membership dues		122,932.				
<u> </u>	Fundraising events			United to			
Z 7	Related organizations			nije. Valonija i i pravijenje			
<u> </u>	Government grants (contribution	⊢					
7	All other contributions, gifts, gra	ants, and		n are see a s La companya de la co			a <mark>majajajujujulin ajajujuli.</mark> Sautuuli ^{jaju} kaajulili
	similar amounts not included at Noncash contributions included it	bove 1f	100.				
e h	Total. Add lines 1a-1f	-		123,032.	numanikanjanjungungan ^a		
			Business Code				
2a	Event_Revenue_		611710	128,768.	128,768.		<u> </u>
: ь	'						 -
2 a b c d d e f	:						
d	l = = = = = = = = = = = = = = = =						-
е							
s f	All other program service				100		
g	Total. Add lines 2a-2f	,	.,	128,768.			
3	Investment income (incl	uding dividend	ls, interest and		1		6 007
	other similar amounts).			6,997.	·		6,997
4	Income from investment	t of tax-exemp	t bond proceeds 🟲				<u>.</u>
5	Royalties						
ļ		(i) Real	(ii) Personal				
6 a	Gross rents						P. Company
t	Less: rental expenses						
	c Rental income or (loss)				n price Private maria 1044		
(d Net rental income or (lo					and alleged and a second second	
7:	a Gross amount from sales of	(i) Securities	(ii) Other				
' '	assets other than inventory	40,392	3,121.				
1	b Less: cost or other basis						
'	and sales expenses	40,862					
	c Gain or (loss)	-470). 3,121.				
	d Net gain or (loss)		<u></u>	2,651			2,651
m 8:	a Gross income from fund	draising events	5		and an all the second		
Ž Š	(not including . \$		_			nieminiji ji ji ji ji	gir gradin i sistem sida
D	of contributions reporte	d on line 1c).					
Orner Heverue	See Part IV, line 18		a				
<u> </u>	b Less: direct expenses.		b				
두	c Net income or (loss) from			·			
_	a Gross income from gar See Part IV, line 19						in ja mangan mangan di man
	b Less: direct expenses.		b				
	c Net income or (loss) fro	om gaming ac	tivities				
10	a Gross sales of inventor	y, less returns	i				ija jugaman ja njuga
	and allowances		. a				
	b Less: cost of goods so						
	c Net income or (loss) fr						
	Miscellaneous Rever		Business Code	The state of the s	or a papelanino de samina de la com- -		33,48
11	a Organization Spons	sorships	611710	33,486		 	35,48
	b						
	c			 		ļ	
	d All other revenue				Balance Age Wales to real Electronic State of the Control of the C		
	e Total. Add lines 11a-1	1d		33,486			
	? Total revenue. See ins			294,934	4. 128,768	. 1	0. 43,13

TEEA0109L 11/13/14

Part X 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 re	esponse or note to any	line in this Part IX		
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	(D) 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		**************************************		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members	54,641.	27,321.	27,320.	ner dene saddut saddid
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	-			<u></u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				
	Payroll taxes	3,039.	1,520.	1,519.	
11	Fees for services (non-employees):		!		
	Management				
	Legal	415.	 -	415.	
	: Accounting	2,000.		2,000.	
	Lobbying				<u></u>
	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)				
12	Advertising and promotion	3,044.	3,044.	2 501	
13	Office expenses	3,561.		3,561.	
14	Information technology	35,713.	35,713.		
15	Royalties		7 ((1	7 664	
16	Occupancy		7,664.	7,664. 9,507.	
17	Travel	19,014.	9,507.	9,501.	
18	expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	6,404.	3,202.	3,202.	ļ <u> </u>
20	Interest				
21	Payments to affiliates			0.055	<u> </u>
22	Depreciation, depletion, and amortization	3,051.		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.			
	b Event_Expenses	34,217.	34,217		
	c Event Staff	31,265	31,265		
	d Credit Card Fees	8,368			
	e All other expenses	14,558.			
25	Total functional expenses. Add lines 1 through 24e	287,136.	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)				
BA		TEEA0110L	05/28/14		Form 990 (2014)

Form 990 (2014)

BAA

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 Accounts 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 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..... 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 or Fund Balances lines 27 through 29, and lines 33 and 34. 290,320 27 313,554. Unrestricted net assets..... 28 29 Permanently restricted net assets..... 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 33 290,320. 313,554. Total net assets or fund balances..... 290,320. 34 313,839. 34

TEEA0111L 05/28/14

Form	990 (2014) North American Word Game Players 26-	4328248	Pag	je 12
	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. </u>
	Total revenue (must equal Part VIII, column (A), line 12).		<u> 294,9</u>	<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,1	
	Revenue less expenses. Subtract line 2 from line 1	3		<u>98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	290,3	<u> 20.</u>
5	Net unrealized gains (losses) on investments	5	15,4	<u> 36.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	313,5	54.
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. П
	Check it Scriedule O contains a response of flote to any line in this fare All.		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 in Schedule O.	·············		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	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	wed on a	2 b	X
t	Were the organization's financial statements audited by an independent accountant?		D	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	nate		
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?	lit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain			
	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?		3 a	х
DAA	b 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	(2014)

BAA

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

Schedule C (Form 990 or 990-EZ) 2014

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.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

- 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

• S	ection 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
	of organization			Employer identificati	
Nor	th American Word Ga	ame Players		26-4328248	·-
Par	LI-A Complete if the or	ame Players ganization is exempt under section	n 501(c) or is a se	ction 527 organiza	ation.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in Pa	art IV.	
2	Political expenditures			► \$_	
Par	t I-B Complete if the or	ganization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any exci	ganization is exempt under section se tax incurred by the organization under section u	ection 4955	* \$_	
2	Enter the amount of any exci	ise tax incurred by organization managers i	ander section 4955		
3		section 4955 tax, did it file Form 4720 for			
4 a	Was a correction made?				Yes No
ь	If 'Yes ' describe in Part IV.				
Par	t I-C Complete if the or	ganization is exempt under sectio	n 501(c) , except s	section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities 🟲 💲	
2	Enter the amount of the filing o function activities	rganization's funds contributed to other organi	zations for section 527 e	xempt ►\$	
3	line 17b	ditures. Add lines 1 and 2. Enter here and			
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5		and employer identification number (EIN) on the control of the con			
	(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					
Check ► ☐ if the filing	organization belon	ngs to an affiliated group (and lis	st in Part IV each affiliate	ed group member's name	1
address. E	IN, expenses, ar	nd share of excess lobbying ex	xpenditures).		
Check ► if the filing	j organization che	ecked box A and 'limited contr	rol' provisions apply.		
(The term 'c	Limits on Lobb expenditures' me	ying Expenditures eans amounts paid or incurred	d.)	(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditur	es to influence p	ublic opinion (grass roots lobb	oying)		
b Total lobbying expenditur	es to influence a	legislative body (direct lobbyi	ing)		
c Total lobbying expenditur	es (add lines 1a	and 1b)			
ժ Other exempt gurpose ex	kpenditures			_,	
e Total exempt purpose ex	penditures (add i	lines 1c and 1d)	,		
f Lobbying nontaxable am	ount. Enter the a	mount from the following table	e in		
If the amount on line 1e, colu	mn (a) or (b) is:	The lobbying nontaxable a	mount is:	in the market of the property of the second	diddologi egypted diddologi Griddi egypted diddologi
Not over \$500,000		20% of the amount on line 1e.			្រាប់ក្រ _{ុម្ពាស់} ក្រុមប្រកាស
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess o	ver \$500,000.		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess o	ver \$1,000,000.	Managari ya Maramanga mengalangan Managari ya Managari dangan Managari Managari ya Managari dangan Managari Managari ya Managari ya Managa	
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess ov	rer \$1,500,000.		
Over \$17,000,000		\$1,000,000. % of line 1f)		ones and distribute and an edit of the same	
	- then some on oith	ss, enter -0did the orga	anization file Form 4720	reporting	\[\text{Yes} \]
j If there is an amount othe section 4911 tax for this	r than zero on eith year?	er line 1h or line 1i, did the orga	nder Section 501(h)	complete all of the five	····· Yes
j If there is an amount othe section 4911 tax for this	r than zero on eith year?e organizations t colur	ss, enter -0 ner line 1h or line 1i, did the orga	anization file Form 4720 nder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	Yes
j If there is an amount othe section 4911 tax for this	r than zero on eith year?e organizations t colur	er line 1h or line 1i, did the orga 4-Year Averaging Period U that made a section 501(h) ele mns below. See the instruction	anization file Form 4720 nder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	Yes (e) Total
j If there is an amount othe section 4911 tax for this (Some	e organizations t colur	4-Year Averaging Period U that made a section 501(h) ele mns below. See the instruction bbying 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	
j If there is an amount othe section 4911 tax for this (Some Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable	r than zero on eith year?e organizations t	4-Year Averaging Period U that made a section 501(h) ele mns below. See the instruction bbying 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	
J If there is an amount othe section 4911 tax for this (Some Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount	e organizations t colur (a) 2011	4-Year Averaging Period U that made a section 501(h) ele mns below. See the instruction bbying 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	
(Some Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount (150% of line 2a, column (e))	r than zero on eith year? e organizations t colur Lo (a) 2011	4-Year Averaging Period U that made a section 501(h) ele mns below. See the instructio bbying Expenditures During (b) 2012	anization file Form 4720 Inder Section 501(h) Ection do not have to cons for lines 2a throug 4-Year Averaging Period (c) 2013	(d) 2014	(e) Total
J If there is an amount othe 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 organizations t colur (a) 2011	4-Year Averaging Period U that made a section 501(h) ele mns below. See the instructio bbying 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

TEEA3202L 06/17/14

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?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... 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). No 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?.... Х 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. 1 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a a Current year..... **b** Carryover from last year..... 2 c **c** Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues...... 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

Part IV Supplemental Information

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.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions).....

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

Employer identification number Name of the organization North American Word Game Players

	Association				28248	
Parl	Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Other vered 'Yes' to Form 990,	er Similar Fun Part IV, line (ds or Accounts.		
		(a) Donor advised f		(b) Funds an	d other acco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		i i			
4	Aggregate value at end of year					
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the organization's exclusive legal	assets held in do	nor advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor of donor advisor	, or for any other	purpose comerning	Yes	No
Par	III Concentation Fasements		 -			
*****	Complete if the organization answ	wered 'Yes' to Form 990	, Part IV, line	7		
1	Purpose(s) of conservation easements held by	the organization (check all the	nat apply).			
	Preservation of land for public use (e.g., re	ecreation or education)		of a historically impo		ea
	Protection of natural habitat		Preservation (of a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation cor	itribution in the for	m of a conservation ea	asement on t	he
	last day of the tax year.			Held at 1	he End of th	ne Tax Year
	a Total number of conservation easements			100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	a Total number of conservation easements b Total acreage restricted by conservation ease	mante		2 b		
	 b Lotal acreage restricted by conservation ease c Number of conservation easements on a certification 	find historic structure includes		2 c		
					,	
	d Number of conservation easements included in structure listed in the National Register		,		a the	
3	Number of conservation easements modified, trar tax year ►		or terminated by	me organization dumi	g uie	
4	Number of states where property subject to conse	ervation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easeme	nts it holds?			Yes	No
6	>					
7	► \$					
8	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	s conservation easements in its to the organization's financia	revenue and expe I statements that	ense statement, and ba describes the organ	alance sheet, ization's acc	and ounting for
Pa	conservation easements. IT III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 99	I Treasures, o	or Other Similar A	Assets.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	er SFAS 116 (ASC 958), not to leld for public exhibition, education ancial statements that describe	o report in its revion, or research in es these items.	enue statement and furtherance of public	30, 1100, pro 11	,
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education,	UI Tesearcii III Iuri	Heranice of public 3014	ico, provide i	works of art, he
	(i) Revenue included in Form 990, Part VIII,	line 1.,			►s	
	(ii) Assets included in Form 990, Part X			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1	
2	amounts required to be reported under SEAS	historical treasures, or other sin 3 116 (ASC 958) relating to th	nilar assets for fin- ese items:	ancial gain, provide th	e following ►\$	
	a Revenue included in Form 990, Part VIII, line	<u> </u>	,,		- ب	
	h Assets included in Form 990. Part X				- Þ	

Schedule **D** (Form 990) 2014

TEEA3302L 08/25/14

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Part VII Investments - Other Securities.	'Voc' to Form 901	N/A D, Part IV, line 11b. See Form 990, Part X, line 12
(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		
2) Closely-held equity interests		
) Other		
)		
<u>v</u>		
))		
<u>)</u>		
))		
<u>/</u>		
<u>'</u> '		
	<u> </u>	
)		<u>ระบริการสามาเสียกเสียกเสียกเกิดเปลี้ย</u> การกากเลี้ยกเกาะเมนากัก เรียกแลก ข้อมแลก ข้อมแลกการ
tal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		N/A
art VIII Investments — Program Related. Complete if the organization answered	l 'Yes' to Form 99	0, Part IV, line 11c. See Form 990, Part X, line 1
(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)		
(9)		
(a) De	escription	90, Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		>
otal. (Column (b) must equal Form 990, Part X, column	(B), line 15.)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to 1	Form 000 Port IV line	110 or 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book va	lue Milipur municipus are de la maria della maria dell
(1) Federal income taxes	(4) = 3 = 1	
(2)		All the control of th
(3)		
(4)		
(5)		
(6)		in the state of th
(7)		e 11e or 11f. See Form 990, Part X, line 25 lue
(8)		THE THE TRANSPORT OF THE PROPERTY OF THE PROPE
(9)		
(10)		
(11)		"" "
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	•	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	
ax positions under FIN 48 (ASC 740). Check here if the text of the footnot		
ΒΔΔ	TEEA3303L 08/25/	14 Schedule D (Form 990) 2

Part X Reconciliation of Revenue per Audited Financial Statement	ents With Revenue	e per Keturn. N/A	
Complete if the organization answered 'Yes' to Form 990,	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	. 2a		
b Donated services and use of facilities			
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 Other (Describe in Part XIII.)	4b	inni del	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	<i>2.</i>)	5	
Par XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return. N/A	
Complete if the organization answered 'Yes' to Form 990), Part IV, line <u>12a.</u>		
Complete if the organization answered 'Yes' to Form 990), Part IV, line <u>12a.</u>	1	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements), Part IV, line <u>12a.</u>		
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements	, Part IV, line 12a.	1	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements	2a	1	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements	2a	1	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c	1	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.).	2a 2b 2c 2d		
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d.	2a 2b 2c 2d		
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d		
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d		
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	2a 2b 2c 2d 4a 4b	2e 3	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3	
Complete if the organization answered 'Yes' to Form 990 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	2a 2b 2c 2d 4a 4b	2e 3	

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.

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SCHEDULE 0 (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.

at www.irs.gov/form990.

Attach to Form 990 or 990-EZ ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is OMB No. 1545-0047 2014

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

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	(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		X
(2)							
(3)							
<u>(4)</u>							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Dispi	h) ropor- nate ations?	I amount in box	Gene mana part	
		country)		512-514)			Yes	No	1065)	Yes	No
(1)											
(2)				•							
r <u></u>											
(3)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	
(1)Cree Investment Management Cor Dallas, TX 75225	equip		<i>y</i>					
75-2760679	sales	TX	N/A	C corp	N/A	N/A	N/A	
(2))			
(3)								

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

e e e e e	Tunisacions ritiritation organization compared to the compared		Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Messel	165	110
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	1		X
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1 a	\vdash	X
Ь	Gift, grant, or capital contribution to related organization(s)	1 c		X
С	Gift, grant, or capital contribution from related organization(s)	1 d		X
- 4	Loans or loan quarantees to or for related organization(s)		 -	X
е	Loans or loan guarantees by related organization(s).	1 e		
				111111111111111111111111111111111111111
f	Dividends from related organization(s)	1 f	 	X
~	Sale of assets to related organization(s)	1 g		
L.	Burchago of assets from related organization(s)	1 h		X
	Evolution of assets with related organization(s)	1 i	+	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1 j	3 000 510 51	X
ŀ	Lease of facilities, equipment, or other assets from related organization(s).	1 k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	+	X
	Destarmance of convices or membership or fundraising solicitations by related organization(s)	<u>'''</u>		X
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
"	Sharing of paid employees with related organization(s)	10	1	X
		- Carre		
_	Reimbursement paid to related organization(s) for expenses.	1 p		X_
P	Reimbursement paid by related organization(s) for expenses	1 0	<u> </u>	X
		100000000000000000000000000000000000000		
	Other transfer of cash or property to related organization(s).	1 r		_X
	all the first standard property from related organization(s)	19	·	X
	The shows is 'Ves' see the instructions for information on who must complete this line, including covered relationships and transaction incorporations.			
2	(a) Name of related organization (b) (c) Amount involved Me	thad a	(d)	mining
	(a) Name of related organization	amour	t invol	ved
	type (a 3)			
1)				
2)				
2				
(3)				
(4)				
(5)		<u> </u>		
(6)	Schedule Schedule	D /Fo	rm gar	3) 2014
~/	TEL MENOZI MANAGAMAN SCHEDULE	11 (ILC	1111 220	J = 0 1 T

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	1 650	tion I	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana part	i) ral or aging ner?	(k) Percentag ownership
			from tax under section 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
	1												
			<u> </u>										
(<u>2)</u>							:	ļ					
(3)													
(4)								-					
<u>(4)</u>													
								ļ	<u> </u>				ļ.—
(5)	-												
(0)								+	 				
(6)	-												
									<u> </u>			-	-
<u>(7)</u>													
	-												
									1		<u> </u>		
_(8)	- - 												
											<u> </u>		990) 201

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

)14	Federal Supporting Detail North American Word Game Players Association	Page 1 26-4328248
Dispositions Excluded (2a)		
	ibutions {Part VIII,Line 7(a)(ii)}Total	\$ 3,121. \$ 3,121.
Stmt. of Functional Ex Conferences, conventi	penses (990) ons, etc	
Committee Meetings	Total	\$ 6,404. \$ 6,404.
Officers, Directors, Tru Nontaxable benefits	ustees Compen.	
Health Insurance	Total	\$ 18,641. \$ 18,641.