Form **990**

OMB No. 1545-0047

Open to Public Inspection

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.

A	For the 2	2015 calen	dar year, or tax year beginning , 2015, a	nd ending		,		
В	Check If ap	plicable:	С		D Employ	er identificatio	on number	
	Addres	ss change	North American Word Game Players		26-4	1328248		
	Н.	change	Association		E Telepho			
	Initial	-						
	\mathbf{H}							
	Н	tum/terminated				ė	225 752	
	\mathbf{H}	ded return		lu(a)	G Gross re		335,753.	
	Applic	ation pending	C. Chilibeopher Cice					
			PO Box 12115 Dallas, TX 75225-0115		Are all subordinates If 'No,' attach a list.	inciuded: (see instructio	ns) Yes No	
1	Tax-exer	mpt status	501(c)(3) X 501(c) (4) ▼ (insert no.) 4947(a)(1) or	527				
J	Websit	te: ► ww	w.scrabbleplayers.org	H(c)	Group exemption nu	mber 🟲		
K	Form of o	organization:	X Corporation Trust Association Other ► L Yes	ar of formation:	2009 M s	tate of legal do	omicile: TX	
Pa	rt I	Summar	v	_				
	1 Bri	iefly descri	be the organization's mission or most significant activities: The	mission	of the o	rganiza	tion is to	
4			nd promote a multinational community of					
2		layers.						
E	_,							
Ş		neck this bo		sed of more th	nan 25% of its r	net assets.		
Ö			oting members of the governing body (Part VI, line 1a)			3	3	
త			dependent voting members of the governing body (Part VI, line 1			4	0	
it e			of individuals employed in calendar year 2015 (Part V, line 2a).			5	1	
Activities & Governance	1 -		of volunteers (estimate if necessary)			6	100	
Ą	ı		ed business revenue from Part VIII, column (C), line 12			7a	0.	
	b Ne	t unrelated	business taxable income from Form 990-T, line 34			7b	0.	
			1 45 17/11 5 113		Prior Year		Current Year	
ø			and grants (Part VIII, line 1h)		123,0		106,626.	
Revenue	ı		vice revenue (Part VIII, line 2g)		128,7		67,922.	
ev			ncome (Part VIII, column (A), lines 3, 4, and 7d)		9,6		44,354.	
ш			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,4		25,000.	
_			e – add lines 8 through 11 (must equal Part VIII, column (A), line		294,9		243,902.	
	ı		imilar amounts paid (Part IX, column (A), lines 1-3)		8	36.	238.	
	ı		to or for members (Part IX, column (A), line 4)					
Ø	l		er compensation, employee benefits (Part IX, column (A), lines 5	· -	57,6	80.	63,938.	
Expenses	16a Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)					
cbe	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ▶					
ū	17 Otl	her expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		228,620. 223			
	18 To	tal expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		287,1		287,413.	
	ı		s expenses. Subtract line 18 from line 12		7,7		-43,511.	
8					ginning of Current		End of Year	
age a	20 To	tal assets	(Part X, line 16)		313,8		238,137.	
₽ P			es (Part X, line 26).			85.	0.	
S.E			fund balances, Subtract line 21 from line 20.					
Da		Signatur			313,5	34.	238,137.	
					-A -6 - d			
com	plete. Decla	ration of prepa	eclare that I have examined this return, including accompanying schedules and stateme arer (other than officer) is based on all information of which preparer has any knowledge	ents, and to the be	st of my knowledge	and belief, it is	true, correct, and	
Sig	ın	Signatu	ire of officer		Date			
He	re		Christopher Cree	Pı	resident			
		Type or	print name and title.	- 11	LCSIUCIIC			
_		Print/Type p	preparer's name Preparer's signature	Date	Check	if PTIN		
Dei	id	1	ina B. Simon, CPA		self-employe	J"	683150	
Pai	eparer	Firm's name			3Cit-Citipioye	- 1500	003130	
	e Only	Firm's name	ess 2840 Keller Chrings Rd Ste 1001			75 22	00100	
<u> </u>		riim's addre	2040 Reffer Springs Ra., See. 1001		Firm's EIN			
1.0	. 45 - 100		Carrollton, TX 75006		Phone no.		320-7888	
мау	y the IRS	aiscuss tr	nis return with the preparer shown above? (see instructions)			X	Yes No	

Form	n 990 (2015) North American Word Game Players	26-432824	8 Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The mission of the organization is to create and promote a mu SCRABBLE(R) crossword game players.	ultinational com	mmunity of
2	Did the organization undertake any significant program services during the year which were not listed on	the evier	
4	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	nm canvinac?	Yes X No
3	If 'Yes,' describe these changes on Schedule O.	ant services	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alk and revenue, if any, for each program service reported.	m services, as measured ocations to others, the to	d by expenses. tal expenses,
4 a	(Code:) (Expenses \$ 177,068. including grants of \$ 238		67,922.)
	The North American Word Game Players Association promotes a c		
	players comprised of approximately 2,500 active members. Eve		
	National Scrabble Championship and the 2015 National School S		
	NASPA also sanctions local area clubs in 41 states and the Di	strict of Colum	nbia
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		<u> </u>	
			155
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenu	ıe \$)
4 e	Total program service expenses ► 177, 068.		<u> </u>
BAA	TEEA0102L 10/12/15		Form 990 (2015)

TEEA0102L 10/12/15

Form **990** (2015)

Form 990 (2015) North American Word Game Players 26-4328248 Page 3 Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Х 3 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 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. X 5 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....... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III..... Х 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. 9 Х 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............ X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a **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*..... Х 11 b 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. Х 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.... Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... Х 11 e 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI. and XII. Х 12a 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......... Х 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Х 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 for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. Х 15 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. Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)...... 17

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.

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.....

Х

X

X

17

18

19

BAA

Form 990 (2015)

Part IV Checklist of Required Schedules (continued) Yes No X 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 I!......... X 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. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a...... Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?...... 24d 25a X 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 Х 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. X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... Х 28b 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..... Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 33 X 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..... Х 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35 a Х **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 **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 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..... Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule Q..... X

Х

Form 990 (2015)

Form 990 (2015) North American Word Game Players 26-4328248 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable...... 18 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable...... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.... X 1 c 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a 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 Q* 3 b 4 a 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)?. Х 4 a **b** If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?............ 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?. 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b 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 and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.... 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 10ь 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a 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..... 13b

c Enter the amount of reserves on hand.....

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

26-4328248 Page 6 Form 990 (2015) North American Word Game Players Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0 X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a 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 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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 operations are consistent with the organization's exempt purposes? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a **b** Other officers or key employees of the organization X 15 b 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? 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 organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records:

C. Christopher Cree

			American						26-432		Page
Part VII	Com	penșatio	n of Officer	rs, Dire	ctors,	Trustees,	Key Employees,	Highest	Compensated	Emplo	yees, and
	Inde	pendent	Contractor	S							

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (F) (E) Average hours per week (list any hours for Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the Officer key employee employee ristitutional trustee lighest compensated ndividual trustee ormer organization and related related related rganiza-tions below dotted line) (1) C. Christopher Cree 40 President 0 X X 36,000 0 25,142. (2) Carla C Cree 10 Executive Direc X X 0 0. 0. 0. (3) Mary V Rhoades 20 Secretary 0 X X 0. 0. 0. (4) (5) (6) (7) (8) (10) (11)(12)

BAA

(13)

(14)

TEEA0107L 10/12/15

Form 990 (2015)

Page 7

Part VII Section A. Officers, Directors, 17t	istees,	ney	CIII	ibid	bye	es, a	arıç	a nignest con	ipensaled Emp	oyees (continuea)
(A) Name and title	Average hours per	rerage (do not o box, unle per officer ar			Position check more than one ess person is both an end a director/trustee)		n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below	Individual trustee or director	Institutional to	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	dotted line)	lee	stee		"	insated				
(15)										
(16)										
(17)									-	
(18)										
(19)										<u>. </u>
(20)			\forall							
(21)										
(22)			\dashv							
(23)			1							
(24)								-		
(25)										
1 b Sub-total	on A					1	-	36,000. 0.	0.	25,142. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ▶ 0							ved	36,000. more than \$100,00	0.0 0 of reportable comp	25,142. pensation
Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportabl r than \$1									4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compen	sation le Sc	າ fro hedu	m a	any i J <i>foi</i>	unrel	ate	d organization or	individual	
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated inde	penc	lent	con	itrac	tors	that	t received more th	an \$100,000 of	· · · · · · · · · · · · · · · · · · ·
compensation from the organization. Report compen (A) Name and business addr		the ca	elenc	dar y	/ear	endir	ng v	vith or within the or (B) Description o		(C) Compensation
								20001191101110	. 23, 7,333	Seriperioditori
							\dashv	-		
O Tabal anatom of the latest and the		1. 1.					1			· · · · · · · · · · · · · · · · · · ·
Total number of independent contractors (including b \$100,000 of compensation from the organization	► 0					abov	/e) \	wno received more	tnan	
BAA	T	EEA01	180 I	10/1:	2/15					Form 990 (2015)

	Check if Schedule O contains a response or note to	any line in this Part VI	H		
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a Federated campaigns 1a				
irai our	b Membership dues	6.			
Is, C	c Fundraising events				
	d Related organizations 1 d				
ns, Em	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	0.			
on br	g Noncash contributions included in lines 1a-1f: \$				
<u>⊙ ≅</u>	h Total. Add lines 1a-1f	106,626.			
Ĕ		67 000	67,000		
Program Service Revenue	2a Event Revenue 611710	67,922.	67,922.		
Se	c				
Š	d				
E	e				
20	f All other program service revenue				
P.	g Total. Add lines 2a-2f	67,922.			
	3 Investment income (including dividends, interest and other similar amounts)		2,972.		4,781.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	•			
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)	1871 NOT BUT A BUT			
	(i) Socurities (ii) Other				
	7a Gross amount from sales of assets other than inventory 127, 213. 1, 239				
	b Less: cost or other basis				
	and sales expenses 91,851. c Gain or (loss) 35,362. 1,239				
	c Gain or (loss) 35,362. 1,239 d Net gain or (loss)		9815 45 184		26 601
4	8a Gross income from fundraising events	36,601.			36,601.
venue	(not including .\$				
	of contributions reported on line 1c).				
Other Re	See Part IV, line 18 a				
5	b Less: direct expenses b				
ರ	c Net income or (loss) from fundraising events	-			
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	▶			
	10a Gross sales of inventory, less returns and allowancesa				
	b Less; cost of goods sold b				
	c Net income or (loss) from sales of inventory	▶			
	Miscellaneous Revenue Business Code	raw.Wamneam			
	11a Organization Sponsorships 611710	25,000.			25,000.
	b				
	d All other revenue.				
	e Total. Add lines 11a-11d	DE 000			
	12 Total revenue. See instructions.	25,000.	70.004		
	- Total leveller Occ Ition delicits	<u>▶ 243,902.</u>	70,894.	0.	66,382.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (A) Total expenses Do not include amounts reported on lines Program service Management and general expenses Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...... 238 238 Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, 0. trustees, and key employees..... 61,142 30,571 30,571 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. Other salaries and wages..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 10 Payroll taxes..... 2,796 1,398 1,398 11 Fees for services (non-employees): a Management. 1,321 1,321 c Accounting... 3,000. 3,000 e Professional fundraising services. See Part IV, line 17. . . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion 4,379. 4,379 Office expenses..... 8,011 8,011 14 Information technology. 6,192. 6,192. 15 Royalties 16 Occupancy..... 17,916 8,958 8,958 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings . . . 3,251 6,501. 3,250. 20 Interest..... 21 22 Depreciation, depletion, and amortization.... 6,170. 6,170. 23 Insurance..... 7,478. 3,739. 3,739. 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.). Event Prizes & Awards 49,092 49,092 b Administration Expense 35,716 35,716 c Event Staff 35,690 35,690 d Event Expenses 13,935 13,935 27,836. 19,625 8,211 Total functional expenses. Add lines 1 through 24e . . . 287,413. 177,068 110,345. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
_	1	Cash – non-interest-bearing	27,382.	1	11,296.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net.		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	_			5	
	6	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	
5	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20,700.	8	11,385.
As	9	Prepaid expenses and deferred charges		9	, , , , , , , , , , , , , , , , , , , ,
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	2,625.	10c	2,215.
	11	Investments – publicly traded securities	253,779.	11	208,255.
	12	Investments – other securities. See Part IV, line 11.	2007771	12	200/2001
	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets	9,353.	14	4,986.
	15	Other assets. See Part IV, line 11		15	2/0300
	16	Total assets. Add lines 1 through 15 (must equal line 34)	313,839.	16	238,137.
	17	Accounts payable and accrued expenses	285.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
Liabilities	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	Total liabilities. Add lines 17 through 25	285.	26	0.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		3	
Ě	27	Unrestricted net assets	313,554.	27	238,137.
賣	28	Temporarily restricted net assets		28	
뜅	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ē	33	Total net assets or fund balances.	313,554.	33	238,137.
	34	Total liabilities and net assets/fund balances	313,839.	34	238,137.
BA	4				Form 990 (2015)

Forr		4328248		Page 12		
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			X		
1	Total revenue (must equal Part VIII, column (A), line 12).	1	243	3,902.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	287	,413.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,511			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	313	3,554.		
5	Net unrealized gains (losses) on investments .	5	-31	,905.		
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). See Schedule O	9		-1.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	000	107		
Da	column (B)).	10	238	<u>,137.</u>		
Fa	T XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response or note to any line in this Part XII					
			Y	es 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 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
	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	ed on a				
ı	Were the organization's financial statements audited by an independent accountant?		2 b	l x		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate				
•	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?		2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	3a 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?					
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au- or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b			
BAA			Form 99	(2015)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

ે ● (Section 501(c)(4), (5), or (6) organizations: Complete Part III.								
	of organization			Employer identifica	ation number				
No	th American Word G	ame Players		26-432824	8				
Pai	t I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a s	ection 527 organia	zation.				
1		organization's direct and indirect political							
2	Political expenditures			▶\$					
3	Volunteer hours								
Pai	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).						
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	racerational announcement : 🏲 \$					
2	2 Enter the amount of any excise tax incurred by organization managers under section 4955								
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No				
4 8	Was a correction made?				Yes No				
E	If 'Yes,' describe in Part IV.								
Pai	t I-C Complete if the o	rganization is exempt under secti	on 501(c), except	section 501(c)(3).					
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.								
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b								
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No				
5	organization made payments amount of political contribution	and employer identification number (EiN) s. For each organization listed, enter the a ns received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the fi livered to a separate po	iling organization's fund ditical organization, such	ds. Also enter the as a separate				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
(1)									
(2)									
(3)				·					
(4)	0								
(5)									
(6))								

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 201	⁵ North Amer	ican Word Game Pla	ayers	26-4328	3248 Page 2
	the organization	on is exempt under se		l filed Form 5768 (el	ection under
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	list in Part IV each affil	iated group member's nam	е,
address,	EIN, expenses, a	nd share of excess lobbying	expenditures).		
B Check ► ☐ if the filir	ng organization ch	ecked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	oying Expenditures eans amounts paid or incur	red.)	(a) Filling organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence p	ublic opinion (grass roots lo	bbying)		
b Total lobbying expendit	ures to influence a	ying)			
c Total lobbying expenditu	ures (add lines 1a				
	•				
e Total exempt purpose e	xpenditures (add	ines 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the a	mount from the following tal	ole in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the exce					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000 \$1,000,000.				Barmar Managaran II	
•	•	6 of line 1f)			
-		ss, enter -0			
Subtract line If from line	e Ic. If zero or les	s, enter -0			
j If there is an amount othe section 4911 tax for this	r than zero on eithe year?	er line 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
(Som		4-Year Averaging Period l nat made a section 501(h) el ns below. See the instruction	ection do not have to		
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2015

Part II-B	Complete if the	organization is ex	empt under	section 501(c)	(3) and has NOT	filed Form 5768
	ີ (election under :	section 501(h)).	•			

	(election under section 501(n)).						
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a)) (b)			
	he lobbying activity.	Yes	No		Amount		
1	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,						
	legislation, including any attempt to influence public opinion on a legislative matter or referendum,	V25					
	through the use of:	18.85					
	a Volunteers?						
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	c Media advertisements?						
	d Mailings to members, legislators, or the public?						
	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?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	i Other activities?						
	j Total. Add lines 1c through 1i						
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?						
Pa	ort III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or				
	section 501(c)(6).						
				_	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			· · · L	1 X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[_	2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	X	
Pa	ort III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or se	ction	501(c)		
	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) F	Part I	II-A, li	ne 3,	is		
	answered 'Yes.'						
1	Dues, assessments and similar amounts from members	00000	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the section 527(f) tax was paid).		(AEL)				
	a Current year	00000	2a				
	b Carryover from last year	escension.	2b				
	c Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political						
	expenditure next year?		4			0.	
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

	North American Word Game Pl Association	Layers		26-4328248			
Pai	Organizations Maintaining Dono Complete if the organization answers	r Advised Funds or Oth vered 'Yes' on Form 990	ner Similar Funds or Ac 0, Part IV, line 6.	counts.			
		(a) Donor advised	funds (b)	Funds and other accounts			
1	Total number at end of year	(a) Donor advised	Turius (b)	tulius and other accounts			
1	TO STATE OF						
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 dor are the organization's property, subject to the	or advisors in writing that the organization's exclusive lega	e assets held in donor advised I control?	d funds			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writ of the donor or donor adviso	ing that grant funds can be us r, or for any other purpose co	sed only Inferring			
Par	Complete if the organization answ	vered 'Yes' on Form 990	0. Part IV. line 7.				
1	Purpose(s) of conservation easements held by						
_	Preservation of land for public use (e.g., re	•	Preservation of a historica	ally important land area			
	Protection of natural habitat		Preservation of a certified	•			
	Preservation of open space			Thistorie structure			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation co	ntribution in the form of a conse	ervation easement on the			
				Held at the End of the Tax Year			
8	Total number of conservation easements						
	Total acreage restricted by conservation easer						
	: Number of conservation easements on a certif						
	Number of conservation easements included in structure listed in the National Register		2d				
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished	, or terminated by the organizat	ion during the			
4	Number of states where property subject to conse	rvation easement is located >					
5	Does the organization have a written policy regard enforcement of the conservation easemen	parding the periodic monitoring it holds?	ng, inspection, handling of vio	lations,			
6	Staff and volunteer hours devoted to monitoring, i						
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, an	nd enforcing conservation easen	nents during the year			
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section 170(h)	(4)(B)(i) 			
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its the organization's financial	revenue and expense statemen statements that describes the	t, and balance sheet, and e organization's accounting for			
Par	conservation easements.	tions of Aut Historias	Two courses on Other Cir	wiley A cooks			
Par	Organizations Maintaining Collection Complete if the organization answ	vered 'Yes' on Form 990), Part IV, line 8.	milar Assets.			
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, educatio	on, or research in furtherance of	ent and balance sheet works of public service, provide,			
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, I	ine 1		▶\$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, h amounts required to be reported under SFAS 1	storical treasures, or other sim 16 (ASC 958) relating to thes	ilar assets for financial gain, pro se items:	ovide the following			
а	Revenue included on Form 990, Part VIII, line	1	. , , , , , , , , , , , , , , , , , , ,	▶\$			
	Assets included in Form 990, Part X			►\$			

Caladala B (Farra 200) 2015 - Named		1.6		05.4004		5
Part III Organizations Mainta	ining Collections	rd Game Playe s of Art. Historic	rs al Treasures, or C	26-4328 Other Similar Ass	ts (continu	Page:
3 Using the organization's acquisition items (check all that apply):					•	<u></u>
a Public exhibition b Scholarly research		d Loan or e	kchange programs			
c Preservation for future gener						
4 Provide a description of the organize Part XIII.	ation's collections and	l explain how they fur	ther the organization's e	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive	donations of art, his	storical treasures, or o	ther similar assets	Yes [No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements.	Complete if the	organization answ		m 990, Part	t IV,
1 a Is the organization an agent, trus	stee, custodian or oth	ner intermediary for o	contributions or other	assets not included _		¬
on Form 990, Part X? b If 'Yes,' explain the arrangement	in Part XIII and com	inlete the following to	able:	L	Yes	No
,		protection for forming to	35101	/	Amount	
c Beginning balance			taa fi ta ta taasaasaasaa	1 c		
d Additions during the year				1 d		
e Distributions during the year.				1 e		
f Ending balance				1 f		
2a Did the organization include an a						No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanatio	n has been provided o	on Part XIII		
Part V Endowment Funds. C	omplete if the or	ranization answe	ared 'Ves' on Form	a 990 Part IV lin	2.10	
Tuit V Lindowine it i dius.	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	hack
1 a Beginning of year balance	(a) our one your	(b) Thorycan	(c) two years back	(u) Three years back	(e) Four years	Dack
b Contributions						
c Net investment earnings, gains,						
and lossesd Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as:			
a Board designated or quasi-endowm	ent ►	ક				
b Permanent endowment ►	ે					
c Temporarily restricted endowmen		9				
The percentages on lines 2a, 2b, ar	id 2c should equal 100					
3a Are there endowment funds not in the organization by:	ne possession of the o	rganization that are h	eld and administered for	r the	Yes	No
(i) unrelated organizations					3a(i)	110
(ii) related organizations		************			3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ed as required on So	hedule R?		3b	
4 Describe in Part XIII the intended	uses of the organiza	ition's endowment fu	ınds.			
Part VI Land, Buildings, and I						
Complete if the organiz		'Yes' on Form 99	0, Part IV, line 11	la. See Form 990	, Part X. lin	e 10.
Description of property						

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		14,866.	12,651.	2,215.
e Other				
Total. Add lines 1a through 1e. (Column (d) must e		olumn (B) line 10c)	•	2 215

BAA

Schedule **D** (Form 990) 2015

Part VII Investments — Other Securities.		N/A
), 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(D)		
(C) (D)		
(E)		<u>-</u>
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.		N/A), Part IV, line 11c. See Form 990, Part X, line 13
Complete if the organization answered), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u> (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		
Part IX Other Assets.	N/A	
		, Part IV, line 11d. See Form 990, Part X, line 15
(a) Des	scription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	R) line 15)	>
Part X Other Liabilities.)/ IIIIC 10.)	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11	e or 11f. See Form 990. Part X. line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
	1	
(5)		
(5) (6)		
(6)		
(6) (7) (8) (9)		
(6) (7) (8) (9) (10)		
(6) (7) (8) (9) (10) (11)		
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	>	
(6) (7) (8) (9) (10) (11)	tnote to the organization's fin	ancial statements that reports the organization's liability for uncertain

12	48	Page

26-	43	28	2	48	1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities. 2b 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
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. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments.
a Net unrealized gains (losses) on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
d Other (Describe in Part XIII.)
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: 3
3 Subtract line 2e from line 1
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
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
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 2 b
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. 4c 5. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Rounding error	\$ -1.
Total	\$ -1.

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. Employer identification number (f) Direct controlling entity 26-4328248 (e) End-of-year assets 170(b)(1)(A)((e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 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.lrs.gov/form990. **(d)** Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 06/01/15 501(c)(3)(c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ΙX (b) Primary activity financial aid to foster youth (b) Primary activity literacy BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. North American Word Game Players Association 1 1111 (a)
Name, address, and EIN (if applicable) of disregarded entity (1) N. Amer. Word Game Players Assoc. P 0 Box 12115 Dallas, TX 75225-0115 (a)
Name, address, and EIN of related organization 1 1 1 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R 1 (Form 990) 1 PartII ନ୍ତ € €¦ ନ୍ତ¦ ପ୍ର <u>@</u>

Sec 512(bX13) controlled entity?

(f) Direct controlling entity

Open to Public Inspection

OMB No. 1545-0047

2015

운

Yes

×

N/A

Schedule R (Form 990) 2015

26-4328248

Schedule R (Form 990) 2015 North American Word Game Players

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

											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			_	_		•						
										!		(3)
										-		
										<u> </u>		(2)
×		N/A	N/A	N/A		C corp	N/A	TX	equip sales	S ec		Dallas, TX 75225 75-2760679
										. !	Management Cor	(1) Cree Investment Management
٩	Yes					Cientin Io			,			
Sec 512(b)(13) controlled entity?		Percentage ownership	Share of end-of-		Share of total income	Type of entity (C corp, S corp, or trust)	Direct 1 controlling (C	Legal domicile (state or foreign co	Primary activity Lega		of related organization	Name, address, and EIN of related organization
, _	, Part	orm 990	ed 'Yes' on Fo	on answere tax year.	rganizati ring the	olete if the control	Trust Compaction	e as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, anizations treated as a corporation or trust during the tax year.	F axable as a C ed organization	zations 1 ore relate	identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answere Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Part IV Identification of Ine 34 because
				<u></u>								
	•											
												(3)
												1 1 1 1 1 1 1 1 1 1
										-		(2)
												(1)
	۶ گ	Yes	1065)	Yes No				512-514)		country)		
wnership		managing partner?	amount in box 20 of Schedule K-1 (Form	tionate allocations?	end-of-year assets	end. as:	псоте	(related, unrelated, excluded from tax under sections	controlling entity	domicile (state or foreign		related organization
(k) Percentage			Code V-UBI	٤	(g) Share of		(f) Share of total	(e) Predominant income	Direct	Legal	(b) Primary activity	(a) Name, address, and EIN of

26-4328248

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	å
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?	zations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1 b	×
c Giff. grant. or capital contribution from related organization(s)			1	>
	*** ** * * * * * * * * * * * * * * * * *		2	
d Loans or loan guarantees to or tor related organization(s)	- 555555	(C)	1 d	×
e Loans or loan guarantees by related organization(s)		6 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	1 e	×
f Dividends from related organization(s)			1	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s).			<u>L</u> .	×
i Exchange of assets with related organization(s).			1	×
j Lease of facilities, equipment, or other assets to related organization(s).			=	×
k Lease of facilities, equipment, or other assets from related organization(s)				×
Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
		************************	1n	×
o Sharing of paid employees with related organization(s)	THE RESIDENCE OF THE PERSON OF		10	×
p Reimbursement paid to related organization(s) for expenses.	· Fr · · strike Filtrationally Office additional	***************************************	Jp	×
q Reimbursement paid by related organization(s) for expenses	**************************************	***************************************	19	X
· Other transfer of rach or promaty to related organization(e)				
Carlo deliate of deal of property to related organization (S)	***************************************			×
S Other transfer of cash or property from related organization(s			15	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ing covered relationships and tra	insaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	Amount involved Me	(d) Method of determining amount involved	mining /ed
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 10/12/15		Schedule	Schedule R (Form 990) 2015) 2015

Part W 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) (b) (c) (d) (e)	(a)	(3)	(p)	(9)	€	1	(t)	6	Θ	8
Name, address, and EIN of entity		Legal domicile (state or foreign country)	Predominant income (related, unre- lated, excluded	Are all partners section 501(c)(3) organizations?	total income	Share of end-of-year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	r Percentage 3 ownership
			from tax under sections 512-514)	Yes No		·	Yes No	Form 1065)	Yes No	1_
(1)				1			-		-	
(2)										
	,									
										·
(3)										
	•									
					-					
(4)										
(5)										
(9)										
	_								-	
6	,									
	•									
(8)										
	,									
ВАА				TEEA5004L 06/01/15	1,715			Schedu	le R (Form	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 North American Word Game Players 26-432824
Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).