

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 20-45-55
Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
AMERICAN CONTRACT BRIDGE LEAGUE EDUCATIONAL FOUNDATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6575 WINDCHASE BLVD
 City or town, state or province, country, and ZIP or foreign postal code
HORN LAKE, MS 38637-1523
F Name and address of principal officer: **ALLISON FREELAND**
SAME AS C ABOVE

D Employer identification number

58-1733600

E Telephone number

662-253-3124

G Gross receipts \$ **1,293,968.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTPS://WWW.ACBLEEDUCATIONALFOUNDATION.ORG/**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987**

M State of legal domicile: **MS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INCREASE AWARENESS OF CONTRACT BRIDGE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	366,791.	562,493.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,807.	-119,162.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150.	481.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	411,748.	443,812.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	52,252.	46,393.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	123,095.	150,098.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,667.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,667.	316,226.	
	19 Revenue less expenses. Subtract line 18 from line 12	398,014.	512,717.	
		13,734.	-68,905.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	2,385,057.	2,184,260.
		22 Net assets or fund balances. Subtract line 21 from line 20	128,113.	199,882.
			2,256,944.	1,984,378.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *[Signature]* Date: **10/25/23**
ALLISON FREELAND, TREASURER
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **LAKRISHA J. CASTLEBERRY** Preparer's signature: *[Signature]* Date: **10/23/23** Check PTIN **P01677333**
 Firm's name: **FORVIS, LLP** Firm's EIN: **44-0160260**
 Firm's address: **999 S. SHADY GROVE RD, STE 400 MEMPHIS, TN 38120** Phone no.: **(901)761-3000**

May the IRS discuss this return with the preparer shown above? See instructions

Yes No