PUBLIC DISCLOSURE COPY

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury

Use Only

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number NATIONAL WHEELCHAIR BASKETBALL Address change ASSOCIATION Name change 36-2884730 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1130 ELKTON ST, STE C 7192664082 956,136. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return COLORADO SPRINGS, CO 80907-8506 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SARAH CASTLE for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► NWBA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1948 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: THE NWBA PROVIDES PERSONS WITH **Activities & Governance** PHYSICAL DISABILITIES THE OPPORTUNITY TO PLAY, LEARN, AND COMPETE IN if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 3000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 798,417. 742,861. Contributions and grants (Part VIII, line 1h) 8 116,806. 148,241. Program service revenue (Part VIII, line 2g) 93,008. 6,907. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 <u>6,</u>233. 27,058. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,014,464. 925,067. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,000. 1,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 311,652. 218,720. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,345. 65,682. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 926,035. 940,631. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,206,696. 1,304,369. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -289,905. -281,629. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 556,544. 481,439. 20 Total assets (Part X, line 16) 124,800. 317,749 21 Total liabilities (Part X, line 26) 431,744. 三年 163,690 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 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. Signature of officer Date Sign SARAH CASTLE, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LANE MCMILLEN, CPA P01426981 Paid self-employed Firm's name ▶ WAUGH & GOODWIN, LLP Firm's EIN ▶ 20-1766527 Preparer Firm's address 1365 GARDEN OF THE GODS, SUITE 150

May the IRS discuss this return with the preparer shown above? (see instructions)

COLORADO SPRINGS, CO 80907

X Yes

Phone no. (719) 590-9777

Form	1 990 (2017) ASSOCIATION	36-2884	730	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: TO COORDINATE AND PROMOTE WHEELCHAIR BASKETBALL AND TO PR	OVIDE		
	COMPETITIVE OUTLETS TO DISABLED PARTICIPANTS.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2	prior Form 990 or 990-EZ?	[	Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by exp	oenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, the total expe	nses, an	d
4a	050 100 1 000		148.2	241.)
··u	TO PROMOTE WHEELCHAIR BASKETBALL IN THE US AND AROUND THE			
	PROVIDE COMPETITIVE OUTLETS TO ALL MEMBERS. ACTIVITIES I			
	TEAMS WITH APPROXIMATELY 2,500 MEMBERS.	TITOLI I		
	The state of the s			
4b	(Code:) (Expenses \$ 46 , 344 . including grants of \$) (Revenue			)
	TO RAISE PUBLIC AWARENESS ABOUT WHEELCHAIR BASKETBALL IN	THE US A	AND	
	AROUND THE WORLD.			
4c	(Code:) (Expenses \$) (Revenue	e\$		)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$	)	)	
<u>4e</u>	Total program service expenses ► 904,472.		_ ^	20.
			Form 9	<b>90</b> (2017)

# Form 990 (2017) ASSOCIATION Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	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,			
′		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 22
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ξ,	
	Schedule D, Parts XI and XII	12a	_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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b	X	
15	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		X
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	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	18		Х
19	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	19		Х
			000	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		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	22		X
	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			
	Schedule J	23		X
	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			37
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		Х
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	, , , , , , , , , , , , , , , , , , , ,	33		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
		34		Х
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	550		
	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		Х
	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	37		Х
	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 O	38	X	

# Form 990 (2017) ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

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  10b 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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  13b 13c		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\Box$
b. Enter the number of Forms W.2G included in line 1a. Enter-0°-1 find applicable				Yes	No
Country of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year ouvered by this return  If all east one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-yile</i> (see instructions)  30 bit the organization have unretated business gross income of \$1,000 or more during the year?  31 bit 1 **Yes*, This if tilled a form 990* Tor this year? If **No*, **to file 3b*, provide an explanation in Schedule O  32 bit 1 **Yes*, **Instituted organization the value of the goal and the year? If **No*, **to file 3b*, provide an explanation in Schedule O  33 bit the organization and the foreign country. ★*  34 bit 1 **Yes*, **Institute organization the value of the goal payment of the repair and the foreign country. ★*  35 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod tax enablet transaction at any time during the tax year?  35 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod tax enablet transaction at any time during the tax year?  36 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod tax shelter transaction?  36 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod tax shelter transaction?  37 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod that the organization that a year or tax deductible?  38 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod that the organization that a year or tax deductible?  39 bit 1 **Yes*, **Institute organization that it was or is a party to a prohibitod to organization that any excellent organization that any excellent organization that any excelle	1a	· · · · · · · · · · · · · · · · · · ·	_		
Separation of the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, page 18   1   1   1   1   1   1   1   1   1	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,     Each of the celendar year ending with or within the year covered by the return	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to a-nip Gee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," nais filed a form 950 or Tor this year? "I" "No," to im 8b, your owned are replaced in in Schedule 0  3b If "Yes," and it filed a form 950 or tor this year? "I" "No," to im 8b, your owned are replaced in in Schedule 0  3c If year, the sum of the foreign country, because a shark account, societies account, or other intancial accountly?  4a I was the organization a party to a prohibited tax shelter transaction?  5c If yes, a shelt the name of the foreign country, because the sum of the foreign country, because the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the foreign country, because the sum of the sum of the sum of the foreign country.  5c If yes, the sum of the foreign country, because the sum of the s		(gambling) winnings to prize winners?	1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-rine (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  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 calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year?  5b If "Yes," the time the name of the foreign country! ≥ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Vas the organization a party to a prohibited tax shelfer transaction at any time during the tax year?  5b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelfer transaction?  5c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelfer transaction?  5c If "Yes," the line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelfer transaction?  5c If "Yes," the line 5a or 5b, did the organization foreign that are normally greater than \$100,000, and did the organization solicid any contributions that may receive deductible as charitable contributions?  5c If "Yes," the line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If yes, "If the organization notify the donor of the value of the goods or services provided?  7c If If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If "Yes," include on Form 8282 filed during the year  6d If "Yes," include the comparization notify the donor of the value of the goods or services provided?  7d If If the organization receive any funds, directly or indirec	<b>2</b> a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to _p-fie (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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) (over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) (over, a financial account)		filed for the calendar year ending with or within the year covered by this return			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a Form 990-T for this year? If "No," to like 3b, provide an explanation in Schedule O  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?  5b If "Yes," either the name of the foreign country! ▶  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization aparty to a prohibited tax shelter transaction?  5c Vary 15c, "to line 5 or 5b, did the organization file Form 8886 T?  6c If "Yes," to line 5 or 5b, did the organization file Form 8886 T?  6c 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?  6c Vary 16c Vary	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, "has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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; or the frame of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, or the financial account, or the financial account, or the financial account, or the financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible as charitable contributions?  6c Verson, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "indicate the number of Forms 8222 fled during the year of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the ferom 8222?  7 Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If Yes," indicate the number of Forms 8222 fled during the year permiums on a personal benefit contract?  7 If Yes, "indicate the number of Forms 8222 fled during		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 accounts)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Vas the organization that it was or is a party to a prohibited tax shelter transaction?  5b X X  b Did any taxable party notify the organization file Form 8886-17  6 Does the organization that annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations receive a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  7 organization received any syment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  8 organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 organization seguration organization segurations are considerable or indirectly, to pay premiums on a personal benefit contract?  9 organization received a contribution of underectly, to pay premiums on a personal benefit contract?  9 organization received a contribution of underectly, to pay premiums on a personal benefit contract?  9 organization received a contribution of underectly, to pay premiums on a personal benefit contract?  9 organization rece	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b   fi '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).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions a party to a prohibited tax shelter transaction at any time during the tax year?  5a   Xs   Since	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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?  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  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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?  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  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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?  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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  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  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	•	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		- · · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?     14a X       b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O     14b			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			-		v
	α	ii res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2017)

Form 990 (2017)

ASSOCIATION

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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.

<u> </u>	·					X
Sec	tion A. Governing Body and Management					
		ı	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 95			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	37	
6	Did the organization have members or stockholders?			6	_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	(This Section B requests information about policies not required by the internal ne	venue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	103	X
				104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such change beginning to appropriate and procedures governing the activities of such change beginning to approximate the procedure of the procedure			10b		
44-	· · · · · · · · · · · · · · · · · · ·				Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belo	re ming the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	, 3			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$	'es," a	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		Х
	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	nent w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, C.	A,C	T,FL,GA,IL	, IN	KS,	KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T					
	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 So	hedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial	
.5	statements available to the public during the tax year.		policy, and	α. 10	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records:			
20	THE ORGANIZATION - 7192664082	no air				
	1130 ELKTON ST, STE C, COLORADO SPRINGS, CO 80907-	850	)6			
	TISS DERION SI, SIE C, CONCRADO SERINGS, CO 0030/-	0.0(	, ,			

#### ASSOCIATION

36-2884730

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Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

#### 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 organize		orga	niza			npen	sate		irector, or trustee.				
(A)	(B)			)) Pos	C) ition	,		(D)	(E)	(F)			
Name and Title	Average		(do not check m			Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per d a di	son i: irecto	s both r/trust	an tee)	compensation	compensation	amount of other			
	week (list any	.o.						from the	from related organizations	compensation			
	hours for	direct				p		organization	(W-2/1099-MISC)	from the			
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization			
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related			
	below	idual	tutior	er	Key employee	est c	ner			organizations			
	line)	Indi	Insti	Officer	Key	High emp	Former						
(1) SARAH CASTLE	1.00							_	_	_			
PRESIDENT		Х		Х				0.	0.	0.			
(2) BRUCE FISCHER	1.00								_	_			
VICE PRESIDENT		Х		Х				0.	0.	0.			
(3) TIM FOX	1.00												
SECRETARY		Х		Х				0.	0.	0.			
(4) CURTIS LEASE	1.00	ļ											
TREASURER	1 00	Х		Х				0.	0.	0.			
(5) LEE MONTGOMERY	1.00	.,											
ATHLETE DIRECTOR	1 00	Х						0.	0.	0.			
(6) JAY ABRAHAM	1.00	<b>.</b> ,						0.	0.	_			
DIRECTOR (7) JON PRITCHETT	1.00	Х						0.	0.	0.			
(7) JON PRITCHETT DIRECTOR	1.00	х						0.	0.	0.			
(8) MARK CREAR	1.00	Δ						0.	0.	0.			
DIRECTOR	1.00	Х						0.	0.	0.			
(9) DAN FERRIERA	1.00	25							0.	•			
DIRECTOR	1.00	х						0.	0.	0.			
(10) WILL WALLER	1.00	T							0.1				
DIRECTOR		х						0.	0.	0.			
(11) DOUG ARAMBULA	1.00								<u> </u>				
DIRECTOR		Х						0.	0.	0.			
(12) ANTHONY BARTKOWSKI	40.00												
EXECUTIVE DIRECTOR				Х				75,500.	0.	0.			
(13) JAMES SCHERR	40.00												
PAST EXECUTIVE DIRECTOR				Х				46,788.	0.	0.			
		1											
		-											

Section A. Officers, Director	s, Trustees, Key Em	<u>ployee</u>	es, an	d Hi	ghes	t C	ompensated Employee	S (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box, ur	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		Estim amou	F) nated unt of ner
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ns	compe from organi and re	
		= = =	<u> </u>	Ke	皇皇	요					
									-		
									-		
		$\vdash$							$\dashv$		
		$\vdash$							-		
		$\vdash$							$\dashv$		
		1							-		
45 0.5 5.5		<u>1</u>					122,288.		0.		0.
1b Sub-total c Total from continuation sheets to							0.		0.		0.
d Total (add lines 1b and 1c)						o re	122,288. ceived more than \$100,	000 of reportable	0. e		0.
compensation from the organization	<b>)</b>									Υ,	0 es No
3 Did the organization list any former line 1a? If "Yes," complete Schedule	·		•	•	•		•			3	Х
4 For any individual listed on line 1a, is	s the sum of reportab	le com	pens	ation	and	oth	er compensation from the	ne organization			
<ul><li>and related organizations greater the</li><li>Did any person listed on line 1a received</li></ul>	eive or accrue comper	nsation	from	n any	unre	elate	ed organization or individ	dual for services	·····	4	X
rendered to the organization? If "Ye Section B. Independent Contractors	s." complete Schedul	e J for	such	pers	son .				<u></u>	5	X
Complete this table for your five high     the organization. Report compensat									pensat	ion from	
	(A) usiness address	NOI					(B) Description of s		С	(C) ompensa	ation
			<u>'</u>				·				
2 Total number of independent contra		ot limit	ted to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the	organization			(	J					- 00	

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# NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION

Form 990 (2017)
Part VIII

Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a					
rani		Membership dues		154,375.				
<u>2</u> 8		Fundraising events	·····	15,450.				
ifts ar A		Related organizations						
s, Bisi		Government grants (contributi						
Sig		All other contributions, gifts, grant	· —					
her		similar amounts not included above	· I I	573,036.				
	g	Noncash contributions included in lines 1		9,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<b>&gt;</b>	742,861.			
				Business Code				
o l	2 a	NATIONAL TOURNA	MENT	711210	130,847.	130,847.		
Ş	b	OTHER REVENUES		711210	17,394.	17,394.		
Program Service Revenue	С							
am	d							
Be	е							
Pr	f	All other program service reve	nue					
		Total. Add lines 2a-2f			148,241.			
	3	Investment income (including						
		other similar amounts)		<b></b>	5,594.			5,594.
	4	Income from investment of tax						
	5	Royalties		▶ [				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,313.					
	b	Less: cost or other basis						
		and sales expenses	0.					
	С	Gain or (loss)	1,313.					
	d	Net gain or (loss)			1,313.			1,313.
ne	8 a	Gross income from fundraising including \$ 15 , 4						
Other Reven		contributions reported on line						
Re		Part IV, line 18	•	58,127.				
þer	h	Less: direct expenses		31,069.				
ŏ		Net income or (loss) from fund		<b>&gt;</b>	27,058.			27,058.
		Gross income from gaming ac	-		= : , 0000			, , , , , , ,
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam		$\overline{}$				
		Gross sales of inventory, less						
	.o u	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
İ		Miscellaneous Revenue		Business Code				
ŀ	11 a	- IVIISCEIIAIICOUS FIEVERIUM						
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.		·····	925.067.	148,241.	0.	33,965.

#### Part IX | Statement of Functional Expenses

**ASSOCIATION** 

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 (**D**) Fundraising (B)
Program service
expenses (C) Management and general expenses (A) Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,000. 1,000. and domestic governments. See Part IV, line 21 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 ..... Compensation of current officers, directors, 110,059. 122,288. 12,229. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 76,872. 69,185. 7,687. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 19,560. 17,604. 1,956. 10 Payroll taxes 11 Fees for services (non-employees): Management 88. 88. Legal 49,092. 49,092. Accounting Lobbying 46,345. 46,345. Professional fundraising services. See Part IV, line 17 2,603. 2,603. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 139,223. 97,573. 20,365. 21,285. column (A) amount, list line 11g expenses on Sch O.) 31,470. 2,213. 29,257. Advertising and promotion 12 13,884. 13,884. 13 Office expenses 17,757. 3,503. 14,254. Information technology 14 Royalties 15 57,705. 40,280. 17,425. 16 Occupancy 423,123. 404,003. 9,617. 9,503. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,417. 4,417. 20 Payments to affiliates 21 9,780. 9,780. Depreciation, depletion, and amortization 22 34,513. 33,281. 1,232. 23 Other expenses. Itemize expenses not covered 24 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.) 36,500. 36,500. STIPENDS 29,292. 29,292. REGISTRATION AND ENTRY 26,486. 26,486. AWARDS AND APPAREL 23,913. 18,164. 3,754. d PRINTING & POSTAGE 1,995. 25,456. 40,785. 15,329. e All other expenses 1,206,696. 904,472. 193,839. 108,385. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 46,345. Check here X if following SOP 98-2 (ASC 958-720) 92,689 46,344 0.

2 Savings and temporary cash investments	Pal	π λ	Balance Sheet					
1 Cash - non-interest-bearing   30 4 , 179   1   129 , 189			Check if Schedule O contains a response or not	te to any	y line in this Part X			
2   Savings and temporary cash investments   2   3						<b>(A)</b> Beginning of year		
2 Savings and temporary cash investments 3 Pledges and grains receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(1)%, persons described in section 4958(k)(5)(8), and contributing employees and sponsoring organizations of section 501(6)% voluntary employees and sponsoring organizations of section 501(6)% voluntary employees and sponsoring organizations of section 501(6)% voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Investments of sale or to use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 b. Less: accumulated expenses in 10b 42,430. 25,205. 10c 16,831. 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - brother securities. See Part IV, line 11 11 13 Investments - produments - program-leated. See Part IV, line 11 11 13 Investments - produments - program-leated. See Part IV, line 11 11 13 Investments - produments - program-leated. See Part IV, line 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	Cash - non-interest-bearing			304,179.	1	129,189.
3   Piedges and grants receivable, net   10,050. 4   45,349		2			2			
A   Accounts receivable, net   10,050.   4   45,349		3				3		
S   Loans and other receivables from current and former officers, directors, trusteess, key employees, and highest compensated employees. Complete Part II of Schedule L   S		4			10,050.	4	45,349.	
Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(pt)), persons described in section 4958(pt)(s), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepard expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 59, 261.  10b Less: accumulated depreciation  10b 42, 430.  25, 205.  10c 16, 831  11 Investments - publicly traded securities  11 Intestments - tother securities. See Part IV, line 11  12 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discqualified persons. Complete Part II of Schedule D  22 Loans and other payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Organizations that follow SFAS 117 (ASC 959), check here  26 Total liabilities. Add lines 17 through 25  27 Organizations that to not follow SFAS 117 (ASC 959), check here  27 Organizations that to not follow SFAS 117 (ASC 959), check here  28 Total liabilities. Add lines 17 through 25  29 Organizations that do not follow SFAS 117 (ASC 959), check here  10a Total net assets or flund balances  10a Capital stock or trust principal, or current funds  10a Capital stock or trust p		5						
Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(pt)), persons described in section 4958(pt)(s), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepard expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 59, 261.  10b Less: accumulated depreciation  10b 42, 430.  25, 205.  10c 16, 831  11 Investments - publicly traded securities  11 Intestments - tother securities. See Part IV, line 11  12 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discqualified persons. Complete Part II of Schedule D  22 Loans and other payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Organizations that follow SFAS 117 (ASC 959), check here  26 Total liabilities. Add lines 17 through 25  27 Organizations that to not follow SFAS 117 (ASC 959), check here  27 Organizations that to not follow SFAS 117 (ASC 959), check here  28 Total liabilities. Add lines 17 through 25  29 Organizations that do not follow SFAS 117 (ASC 959), check here  10a Total net assets or flund balances  10a Capital stock or trust principal, or current funds  10a Capital stock or trust p			trustees, key employees, and highest compensations	ated em	ployees. Complete			
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7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   59,897   9   Prepaid expenses and deferred charges   26,171. 9   21,106   10a   Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D   10a   59,261.   10c   16,831   11   10vestments - publicity traded securities   188,713. 11   206,591   12   12   13   Investments - publicity traded securities   188,713. 11   206,591   13   10vestments - publicity traded securities   188,713. 11   206,591   12   13   Investments - program-related. See Part IV, line 11   13   13   14   Intangible assets   14   14   Intangible assets   14   15   Other assets. See Part IV, line 11   2,226. 15   2,476   16   Total assets. Add lines 1 through 15 (must equal line 34)   556,544. 16   481,439   17   Accounts payable and accrued expenses   93,019. 17   243,018   18   Grants payable   18   18   18   18   18   18   19   19	S					6		
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basis. Complete Part VI of Schedule D    b   Less: accumulated depreciation   10b   42,430   25,205   10c   16,831     11   Investments - publicly traded securities   188,713   11   206,591     12   Investments - other securities. See Part IV, line 11   12     13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14   14     15   Other assets. See Part IV, line 11   2,226   15   2,476     16   Total assets. Add lines 1 through 15 (must equal line 34)   556,544   16   481,439     17   Accounts payable and accrued expenses   93,019   17   243,018     18   Grants payable   18     19   Deferred revenue   31,781   19   74,731     20   Tax-exempt bond liabilities   21   Esrow or custodial account liability. Complete Part IV of Schedule D   21     21   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV 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   24     26   Total liabilities. Add lines 17 through 25   124,800   26   317,749     27   Unrestricted net assets   27,781   28   12,539     28   Temporarily restricted net assets   27,781   28   12,539     29   Permanently restricted net assets   27,781   28   12,539     30   Capital stock or trust principal, or current funds   31     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   431,744   33   163,690		10a	Land buildings and squipments cost or other	1 1		·		
11   Investments - publicity traded securities   188,713.   11   206,591     12   Investments - other securities. See Part IV, line 11   12     13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14     15   Other assets. See Part IV, line 11   2,245.   16   16   2,476     16   Total assets. Add lines 1 through 15 (must equal line 34)   556,544.   16   481,439     17   Accounts payable and accrued expenses   93,019.   17   243,018     18   Grants payable   18   31,781.   19   74,731     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     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   124,800.   26   317,749     27   Unrestricted net assets   27,781.   28   12,539     28   Permanently restricted net assets   27,781.   28   12,539     29   Permanently restricted net assets   27,781.   28   12,539     29   Permanently restricted net assets   27,781.   28   12,539     29   Permanently restricted net assets   27,781.   28   12,539     30   Capital stock or trust principal, or current funds   31     31   Raid-in or capital surplus, or land, building, or equipment fund   31     32   Raid-in or capital surplus, or land, building, or equipment fund   31     33   Total net assets or fund balances   431,744.   33   163,690			basis. Complete Part VI of Schedule D	10a	59,261.			
11   Investments - publicity traded securities   188,713.   11   206,591     12   Investments - other securities. See Part IV, line 11   12     13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14     15   Other assets. See Part IV, line 11   2,245.   15   2,476     16   Total assets. Add lines 1 through 15 (must equal line 34)   556,544.   16   481,439     17   Accounts payable and accrued expenses   93,019.   17   243,018     18   Grants payable   18   31,781.   19   74,731     19   Deferred revenue   31,781.   19   74,731     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     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   124,800.   26   317,749     27   Unrestricted net assets   27,781.   28   12,539     28   Permanently restricted net assets   27,781.   28   12,539     29   Permanently restricted net assets   27,781.   28   12,539     29   Permanently restricted net assets   27,781.   29   29     20   Capital stock or trust principal, or current funds   31     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   33   163,690     31   Total net assets or fund balances   431,744.   33   163,690     31   Total net assets or fund balances   431,744.   33   163,690     32   Total net assets or fund balances   431,744.   33   163,690     32   Total net assets or fund balances   4		b	Less: accumulated depreciation	10b	42,430.	25,205.	10c	16,831.
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15 Other assets. See Part IV, line 11   2 , 226				I				
16					2,226.		2,476.	
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24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here ▼ X and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▼ 29  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ 29  Organizations that do not follow SFAS 117 (ASC 958), check here ▼ 30  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  24  25  26 Total liabilities (including federal income tax, payables to related third parties of schedules and other liabilities (including and there is a payables to related third and complete Part X of Schedule Part X of S	Ë	23						
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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 27 , 781 . 28 12,539  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  431,744 . 33 163,690		24	. ,				24	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  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  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  25  124,800. 26  317,749  403,963. 27  151,151  27,781. 28  127,781. 28  123,539  403,963. 27  151,151  27,781. 28  124,800. 26  317,749		25						
Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ► D and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  124,800. 26  317,749  2403,963. 27  151,151  27,781. 28  12,539  29  29  30  431,744. 33  163,690			-	-				
Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ► D and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  124,800. 26 317,749  28 and complete lines 27 through 29, and lines 33 and 34.  403,963. 27 151,151  27,781. 28 12,539  29  29  30  431,744. 33 163,690			Schedule D	,			25	
Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26				124,800.	26	317,749.
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Complete lines 27 through 29, and lines 33 and 34.  403,963. 27  151,151  27,781. 28  127,781. 28  129  29  30  31  Paid-in or capital surplus, or land, building, or equipment fund  31  Retained earnings, endowment, accumulated income, or other funds  32  33  Total net assets or fund balances								
33 Total field assets of fulfid balances	s							
33 Total field assets of fulfid balances	S.	27	Unrestricted net assets			403,963.	27	151,151.
33 Total field assets of fulfid balances	alaı	28		27,781.	28	12,539.		
33 Total field assets of fulfid balances	ã	29			29			
33 Total field assets of fulfid balances	Ë		Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🗌			
33 Total field assets of fulfid balances	or F							
33 Total field assets of fulfid balances	ţş	30	Capital stock or trust principal, or current funds				30	
33 Total field assets of fulfid balances	SSE	31					31	
33 Total field assets of fulfid balances	χĄ	32					32	
	ž	33				431,744.	33	163,690.
		34				556,544.	34	481,439.

Form **990** (2017)

Pai	TEXT RECONCILIATION OF NET ASSETS						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>67.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	, 20	6,6	96.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-28	1,6	29.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				44.	
5	Net unrealized gains (losses) on investments	5		1	3,5	75.	
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		16	3,6	90.	
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	_				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

NATIONAL WHEELCHAIR BASKETBALL

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

ASSOCIATION 36-2884730 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

36-2884730 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publi						
	Public support percentage for 2017 (li					14	<u>%</u>
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2016. If the o	~					
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-			-	· ·	rt VI how the organ	ization
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<b>_</b>

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<b>~</b> 0/	ction A. Public Support						
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(I-) 004 4	(-) 0045	(-1) 004.0	(-) 0047	(O.T.::
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	025 600	1120422	1115474	700 /17	747 061	4617702
	include any "unusual grants.")	835,609.	1120432.	1115474.	798,417.	747,861.	4617793.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	115 600	100 160	05 650	116 006	142 041	F00 473
	organization's tax-exempt purpose	115,600.	128,168.	85,658.	116,806.	143,241.	589,473.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	400000					100000
	iness under section 513	1072768.					1072768.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u></u>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	22225	101000	1001100	0.1.5.000	224 422	
	Total. Add lines 1 through 5	2023977.	1248600.	1201132.	915,223.	891,102.	6280034.
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6280034.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013 2023977.	(b) 2014 1248600.	(c) 2015 1201132.	(d) 2016 915, 223.	(e) 2017 891,102.	(f) Total 6280034.
	Amounts from line 6	2023911.	1240000.	1201132.	913,443.	091,102.	0200034.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	74 622	00 470	81,183.	40,085.	E E04	200 072
_	and income from similar sources	74,633.	89,478.	01,103.	40,005.	5,594.	290,973.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	(less section 511 taxes) from businesses acquired after June 30, 1975	74 622	00 470	01 102	40 005	F F04	200 072
	(less section 511 taxes) from businesses acquired after June 30, 1975	74,633.	89,478.	81,183.	40,085.	5,594.	290,973.
	(less section 511 taxes) from businesses acquired after June 30, 1975	74,633.	89,478.	81,183.	40,085.	5,594.	290,973.
	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is	74,633.	89,478.	81,183.	40,085.	5,594.	290,973.
11	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	74,633.	89,478.	81,183.	40,085.	5,594.	290,973.
11	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is	74,633.	89,478.	81,183.	40,085.	5,594.	290,973.
11 12	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				·		-
11 12 13	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	2098610.	1338078.	1282315.	955,308.	896,696.	6571007.
11 12 13	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for	2098610.	1338078.	1282315 •	955,308. x year as a section	896,696. 501(c)(3) organiza	6571007.
11 12 13 14	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	2098610.	1338078.	1282315 •	955,308. x year as a section	896,696. 501(c)(3) organiza	6571007.
11 12 13 14 Sec	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	2098610. r the organization's	1338078. first, second, third	1282315.	955,308. x year as a section	896,696. 501(c)(3) organiza	6571007.
11 12 13 14 Sec 15	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public	2098610.  The organization's  C Support Perine 8, column (f) div	1338078. first, second, third	1282315. I, fourth, or fifth ta	955,308. x year as a section	896,696. 501(c)(3) organiza	6571007.  ation,  95.57 %
11 12 13 14 Sec 15 16	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public Public support percentage from 2016	2098610.  The organization's  C Support Perine 8, column (f) divided Schedule A, Part	1338078. first, second, third centage vided by line 13, co	1282315.	955,308. x year as a section	896,696. 501(c)(3) organiza	6571007.
11 12 13 14 Sec 15 16 Sec	(less section 511 taxes) from businesses acquired after June 30, 1975  2 Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Ction C. Computation of Public Public support percentage for 2017 (In Public support percentage from 2016 cetion D. Computation of Inves	2098610 • r the organization's c Support Per ine 8, column (f) div schedule A, Part stment Income	1338078. first, second, third centage vided by line 13, co	1282315. I, fourth, or fifth ta	955,308。 x year as a section	896,696. 501(c)(3) organiza	6571007.  ation,  95.57 %  94.68 %
11 12 13 14 Sec 15 16 Sec 17	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2017 (In Public support percentage from 2016 cetion D. Computation of Investing Investment income percentage for 2017 (Investment income percentage for 2018)	2098610 • r the organization's c Support Per ine 8, column (f) div s Schedule A, Part stment Income	1338078.  first, second, third  centage  vided by line 13, co	1282315. If, fourth, or fifth table olumn (f)) e 13, column (f))	955,308。 x year as a section	896,696. 501(c)(3) organiza 15 16	6571007.  ation,  95.57 %  94.68 %  4.43 %
11 12 13 14 15 16 Sec 17 18	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  etion C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 etion D. Computation of Investment income percentage from 2016 linvestment income percentage from 2016 linvestmen	2098610 • r the organization's c Support Per ine 8, column (f) div s Schedule A, Part stment Income 017 (line 10c, colum 2016 Schedule A,	1338078.  first, second, third  centage vided by line 13, co.  lll, line 15  Percentage  nn (f) divided by lin  Part III, line 17	1282315. If, fourth, or fifth table of the fourth of the f	955,308. x year as a section	896,696. 501(c)(3) organiza  15 16	6571007.  ation,  95.57 %  94.68 %  4.43 %  5.32 %
11 12 13 14 15 16 Sec 17 18	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 investment income percentage from 2017. If the	2098610.  The organization's  IC Support Perine 8, column (f) divided and the second and the sec	1338078. first, second, third centage vided by line 13, co. III, line 15 Percentage nn (f) divided by line Part III, line 17 ot check the box of	1282315. If, fourth, or fifth table of the first table of table of the first table of table o	955,308.  x year as a section	896,696. 501(c)(3) organiza  15 16  17 18 3 1/3%, and line 17	6571007.  ation,  95.57 %  94.68 %  4.43 %  5.32 %  7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage for 2017 (I Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 as 1/3% support tests - 2017. If the more than 33 1/3%, check this box and support percentage from 2016 and 2016 are considered as 1/3%, check this box and 2017.	2098610.  The organization's received the organization's received the organization's received the organization of the organization did not stop here. The	1338078.  first, second, third  centage  vided by line 13, co  lll, line 15  Percentage  nn (f) divided by lin  Part III, line 17  ot check the box of organization quali	1282315. If, fourth, or fifth taxolumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s	955,308.  x year as a section  15 is more than 33 upported organiza	896,696. 501(c)(3) organiza  15 16  17 18 3 1/3%, and line 17 tion	6571007.  ation,  95.57 %  94.68 %  4.43 %  5.32 %  7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	(less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  ction C. Computation of Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 investment income percentage from 2017. If the	2098610.  The organization's representation of the organization of the organization of the organization did not organization organ	1338078.  If first, second, third  centage  vided by line 13, co  III, line 15  Percentage  Inn (f) divided by line  Part III, line 17  ot check the box of organization quality  ot check a box on	1282315. If, fourth, or fifth taxolumn (f))  e 13, column (f))  on line 14, and line fies as a publicly s line 14 or line 19a.	955,308.  x year as a section  15 is more than 33 upported organiza and line 16 is more	896,696. 501(c)(3) organiza  15 16  17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	6571007.  ation,  95.57 %  94.68 %  4.43 %  5.32 %  7 is not

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	Зс		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	106		
n Ω	10b 90 or 90	n E7\	2017

Pa	rt IV	Supporting Organizations (continued)			-g
		Continued)		Yes	No
11	Hac th	ne organization accepted a gift or contribution from any of the following persons?		103	140
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	•		110		
L		, the governing body of a supported organization?	11a		
		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  3. Type I Supporting Organizations	11c		
<u> </u>	LIOII L	5. Type i Supporting Organizations		V	NI -
	D:			Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	•	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		· '	2		
2		ganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described in (2), did the organization's supported organizations have a			
3	•				
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800		orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	1		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		Supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4_	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Pai	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2017			
<u>a</u>				
<u>b</u>	From 2013			
<u>c</u>	From 2014			
d	From 2015			
е	From 2016			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>_i</u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2017. Subtract lines 3h			
0	5			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_				

Schedule A (Form 990 or 990-EZ) 2017

36-288<u>4730 Page 8</u> Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2017

OMB No. 1545-0047

Name of the organization

NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION

Employer identification number

36-2884730

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990-EZ, line 1. Complete Parts I and II.					
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contributions is checked, enter he purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
NATIONAL WHEELCHAIR BASKETBALL
ASSOCIATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$300,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$15,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 21,299.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$5,000.	Person X Payroll		

Name of organization
NATIONAL WHEELCHAIR BASKETBALL
ASSOCIATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$5,716.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$8,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
NATIONAL WHEELCHAIR BASKETBALL
ASSOCIATION

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_	TRAVEL VOUCHERS				
2					
		\$9,000.	12/31/17		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization

Employer identification number

# NATIONAL WHEELCHAIR BASKETBALL

11111 1 0111111	***************************************	
ASSOCIATI	ION	

Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	butions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
		(e) Transfer of gif	ft
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif d ZIP + 4	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held
	(e) Trans Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION

**Employer identification number** 36-2884730

Pa	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	oe used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	onservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	·
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	es the organization's accounting for
Da	conservation easements.	Aut Historical Transcures or /	Othor Cimilar Assats
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Other Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		oment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ	,	rance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		ant and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, ed	•	· ·
	•	ucation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
^		an at her similar appets for finance	
2	If the organization received or held works of art, historical trea		ciai gairi, provide
_	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
h	Accordingly and Lorm UUL Dorf V		- u

		T WHEELCHAI	R BASKETBA	<del>7</del> 117			26 20	04720		0
	dule D (Form 990) 2017 ASSOCIA  † III Organizations Maintaining C		· Historical Tra	0011200 0	r Othor	Similar	36-28	84/30	Pa	age Z
								•		
3	Using the organization's acquisition, accessing	on, and other records	s, check any of the f	ollowing that	t are a sig	nificant u	se of its c	ollection	items	
	(check all that apply):	_	<b>—</b> .							
а	Public exhibition	d	=							
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o						_	_	_	,
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on	Part XIII					
Par						0.				
	·	(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance	188,713.	182,724.	17	9,199.	1	74,299.		168,	199.
	Contributions	5,594.	2,166.		3,525.		4,900.		6,	100.
	Net investment earnings, gains, and losses	12,284.	3,823.				-			
	Grants or scholarships		•							
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	206,591.	188,713.	18:	2,724.	1		174.	299.	
2	Provide the estimated percentage of the curr		(line 1g. column (a)	) held as:						
	Board designated or quasi-endowment	•	%	,						
	Permanent endowment		_,,							
	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		tion that are held an	nd administer	red for the	e organiza	ition			
	by:				00.101.1110	ga <u>-</u> -		Γ	Yes	No
	(i) unrelated organizations							3a(i)		X
	tent							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the							OD		
Par	t VI Land, Buildings, and Equipm		villent farias.							
	Complete if the organization answere		Part IV line 11a S	66 Form 990	Part X li	ine 10				
	Description of property	(a) Cost or of		or other		cumulate	nd	(d) Book	. Valu	
	Description of property	basis (investm	. ,			reciation	iu .	( <b>u</b> ) 600k	valui	<del></del>
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		5	9,261.		42,43	30.	16	, 8	<u>31.</u>

Schedule D (Form 990) 2017

16,831.

e Other

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

ASSOCIATION

	ents - Other Securities.				<u> </u>
	if the organization answered "Yes"		1		
	ity or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	-of-year market value
(1) Financial derivatives					
	interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	I Form 990, Part X, col. (B) line 12.)				
	ients - Program Related.	<u>I</u>	<u>'</u>		
	if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
	ription of investment	(b) Book value		valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	1 Form 990, Part X, col. (B) line 13.)				
Part IX Other A					
Complete	if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d. See Form 990,	Part X, line 15.	(b) Book value
(4)	<u>(a)</u>	Description			(b) Book value
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must	t equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Li	iabilities.	•			
Complete	if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forn	n 990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Federal income	taxes				
(2)					
(3)					
(4)				_	
(5)				_	
(6)				-	
(7)				-	
(8)					
(9)		_		-	
	t equal Form 990, Part X, col. (B) line				
<ol><li>Liability for uncertain</li></ol>	in tax positions. In Part XIII, provide	the text of the footh	οτε το τηε organization's fi	nanciai statements th	iat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

36-2884730 Page 4

Par	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	936,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,575.		
b					
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е				2e	13,575.
3	Subtract line 2e from line 1			3	922,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	2 (02		
а	, , , , , , , , , , , , , , , , , , , ,		2,603.		
b	,			_	2 602
_	Add lines 4a and 4b			4c	2,603.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta	tomente With I	Evnenses ner E	5 Poturr	925,067.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		-xperises per r	1 <del>C</del> tuii	ı <b>.</b>
_					1,204,093.
1	Total expenses and losses per audited financial statements			1	1,204,093
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a				-	
b				-	
4	Other losses Other (Describe in Part XIII.)				
e e				2e	0.
3				3	1,204,093
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,201,0330
а		42	2,603.		
b			2,0001	•	
	Add lines <b>4a</b> and <b>4b</b>			4c	2,603.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	1,206,696.
Pa	rt XIII Supplemental Information.	). <i>)</i>			
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	: Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X	(. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,	.,
PAF	RT V, LINE 4:				
	·				
THE	E BOARD-DESIGNATED ENDOWMENT FUNDS ARE U	SED TO PRO	OMOTE WHEE	LCH	AIR
BAS	SKETBALL.				
PAF	RT X, LINE 2:				
THE	E ASSOCIATION QUALIFIES AS A TAX-EXEMPT	ORGANIZAT	ION UNDER	SECT	TION
<u>501</u>	1(C)(3) OF THE INTERNAL REVENUE CODE AND	), ACCORDII	NGLY, IS N	OT S	SUBJECT TO
FEI	DERAL INCOME TAX. ACCORDINGLY, NO INCOM	IE TAX PRO	VISION HAS	BEI	EN
REC	CORDED.				
<b>_</b>	- 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
THE	E ASSOCIATION'S FORM 990, RETURN OF ORGA	ANIZATION 1	EXEMPT FRO	II M	NCOME TAX,
<b>-~</b>	GUD TEGE EO EVANTNAETON DU 112 DECUE		n	D 3	
TΣ	SUBJECT TO EXAMINATION BY VARIOUS TAXIN	AG AOTHORT	LIES, GENE	каы	II FOK

### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL WHEELCHAIR BASKETBALL

**Employer identification number** 

ASSOCIATION 36-2884730 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, INTERNATIONAL COLUMBIA, ECUADOR 0 PROGRAM SERVICE COMPETITIONS 64,097. INTERNATIONAL NORTH AMERICA 0 0 PROGRAM SERVICE COMPETITIONS 24,696. 0 0 88,793. 3 a Sub-total ..... **b** Total from continuation 0 0 sheets to Part I ...... Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2017

88,793.

and 3b)

l a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)

3 Enter total number of other organizations or entities

36-2884730

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

ASSOCIATION

Schedule F (Form 990) 2017 Part IV Foreign Forms

36-2884730

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

36-2884730 Schedule F (Form 990) 2017 ASSOCIATION Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17 Schedule F (Form 990) 2017

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization NATIONAL WHEELCHAIR BASKETBALL Employer identification number ASSOCIATION 36-2884730 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE HERITAGE COMPANY DBA	SOLICITS FUNDS FROM DONORS	Yes	No			
MEDALLION PRODUCTIONS - 2402	FOR NWBA		Х	154,883.	85,970.	68,913.
Total			<b>•</b>	154,883.	85,970.	68,913.

3	List a	ll state	s in w	hich th	ne org	anizat	ion is	registe	ered o	r licen	sed to	solici	t cont	ributio	ns or l	nas be	en no	tified i	t is ex	empt	from r	egistra	ation
	or lice	ensing.	-																				
ΔT.	Δ7.	ΔR	$C\Delta$	CO	СП	FT.	GΔ	TT.	KS	ΚV	T.A	ME:	MΔ	мт	MN	MS	MΩ	NH	N.T	MM	ΝV	NC	ND

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

			NATIONAL	WHEELCHAIR	BASKETBALL			
S		(Form 990 or 990-EZ) 2017					2884730	
	Part II	Fundraising Events.	Complete if the c	organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported i	more than \$15,	000
		of fundraising event contri	butions and gross	income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$	\$5,000.

		or furidialsing event contributions and gro	33 Income on Form 330	LZ, IIIIC3 T AIIG OD. LIST C	vents with gross receipt	3 greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			VICTORY TOUR			col. <b>(c)</b> )
a)			(event type)	(event type)	(total number)	551. <b>(6</b> )/
Revenue	1	Gross receipts	73,577.			73,577.
	2	Less: Contributions	15,450.			15,450.
	3	Gross income (line 1 minus line 2)	58,127.			58,127.
	4	Cash prizes				
တ္တ	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				31,069.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	31,069.
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			27,058.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ	(L) Dull toba/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	Ū	Thet garming moorne summary. Subtract line 7	Trotti inic 1, ociariii (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:		-	/ear?	Yes No
	_					
	_					

Sch	nedule G (Form 990 or 990-EZ) 2017 ASSOCIATION 36-2	88473	0 Page <b>3</b>
11		Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	no noutside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b, 1	10b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<u>(I</u>	) NAME OF FUNDRAISER: THE HERITAGE COMPANY DBA MEDALLION PRODUC	TIONS	
/ т	ADDDESS OF FUNDBALSED. 2402 MILIDMOOD AVE SEE 500 SUPPMOOD A	D 72	120
<u>(I</u>	ADDRESS OF FUNDRAISER: 2402 WILDWOOD AVE STE 500, SHERWOOD, A	<u> </u>	120
PA	RT I LINE 2B		
<u>TH</u>	E TOTAL AMOUNT PAID TO THE HERITAGE CONPANY WAS \$131,363 WHICH		
TN	CLUDED BANK CHARGES, CREDIT CARD FEES, ACCOUNTS, PERMITS AND		
	CENSES, AND STATE REGISTRATION. THE HERITAGE COMPANY PROVIDES		

ASSOCIATION 36-2884730 Page 4 Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued) SERVICES FOR PUBLIC AWARENESS AND SOLICITATION OF CONTRIBUTIONS, THE TOTAL FOR BOTH SERVICES IS SHOWN ON PART I LINE 2 COLUMN V.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# 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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION

**Employer identification number** 36-2884730

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SPORT OF WHEELCHAIR BASKETBALL. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ACTIVE AND AFILIATE MEMBERS. ANY GROUP OF INDIVIDUALS ORGANIZED AS A TEAM OR CLUB FOR THE PURPOSE OF PLAYING WHEELCHAIR BASKETBALL IS ELIGIBLE FOR ACTIVE MEMBERSHIP WITH VOTING PRIVILEGES THROUGH THEIR CHOSEN REPRESENTATIVES. PERSONS WHO HAVE BEEN A MEMBER OF A TEAM AS ATHLETE OR COACH BUT ARE NO LONGER AFFILIATED WITH A TEAM MAY BE AN ACTIVE, NON-VOTING MEMBER. AFFILIATE MEMBERS INCLUDE THOSE WHO SEEK TO SUPPORT THE MISSION, PURPOSE AND PROGRAMS OF THE NWBA. AFFILIATE MEMBERS ARE NON-VOTING. FORM 990, PART VI, SECTION A, LINE 7A: SEVEN DIRECTORS ARE ELECTED BY THE VOTING MEMBERSHIP AT THE ANNUAL AT LEAST TWO, AND NO LESS THAN 20%, OF THESE ELECTED DIRECTORS ASSEMBLY. WILL BE ATHLETE REPRESENTATIVES. FORM 990, PART VI, SECTION A, LINE 7B: THE BYLAWS MAY BE AMENDED AT AN ANNUAL ASSEMBLY BY A TWO-THIRDS MAJORITY OF THE VOTING MEMBERSHIP PRESENT AND VOTING AT THE MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER AND EXECUTIVE DIRECTOR ARE THE PRIMARY REVIEWERS OF THE FORM

A COPY OF THE FORM 990 IS PROVIDED TO ALL OF THE BOARD OF DIRECTORS

Name of the organization NATIONAL WHEELCHAIR BASKETBALL Employer identification number 36-2884730

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ETHICS COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH THE

OVERSIGHT OF CONFLICT OF INTEREST ISSUES FOR BOARD MEMBERS, STAFF AND

VOLUNTEERS. SECTION X OF THE POLICIES AND PROCEDURES OF THE NWBA OUTLINES

ETHICAL ISSUES AND PROCEDURES. ALL BOARD MEMBERS, CANDIDATES FOR BOARD

OFFICES, AND PAID STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST

STATEMENT THAT IS REVIEWED BY THE ETHICS COMMITTEE. ALL CURRENT BOARD

MEMBERS AND FULL TIME STAFF HAVE COMPLETED THE REQUIRED FORMS AND THOSE

FORMS ARE ON FILE.

IN ADDITION, THE NWBA BYLAWS EMPOWER THE ETHICS COMMITTEE TO ENSURE

COMPLIANCE OF ALL BOARD MEMBERS AND STAFF REGARDING ISSUES OF "MATERIAL

BENEFIT" CONFLICTS OF INTEREST, AND THE ETHICS COMMITTEE IS CHARGED WITH

ADMINISTERING AND MAINTAINING THE CODE OF ETHICS FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH

CONDUCTING AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE

GOVERNANCE COMMITTEE MAKES A REPORT AND RECOMMENDATION TO THE FULL BOARD

REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE AND PROPOSED COMPENSATION.

THESE PROCEDURES ARE OUTLINED IN THE PERSONNEL SECTION OF THE NWBA POLICIES

AND PROCEDURES. THE REVIEW AND REPORT TYPICALLY OCCURS IN APRIL OF EACH

YEAR. THE EXECUTIVE DIRECTOR SERVES AT THE PLEASURE OF THE NWBA BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CT,FL,GA,IL,IN,KS,KY,LA,MD,MA,MI,MN,MO,NH,NJ,NM,NC,OH,OK,OR

MANAGEMENT AND GENERAL EXPENSES         1,000.           FUNDRAISING EXPENSES         21,285.           TOTAL EXPENSES         45,420.           OUTSIDE SERVICES:	Name of the organization NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION	Employer identification number 36-2884730
NWBA'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART VI, SECTION C, LINE 19:  GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART IX, LINE 11G, OTHER FEES:  CONTRACT SUPPORT:  PROGRAM SERVICE EXPENSES  ANANAGEMENT AND GENERAL EXPENSES  1,000.  FUNDRAISING EXPENSES  21,285.  TOTAL EXPENSES  45,420.  OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES  2,494.  MANAGEMENT AND GENERAL EXPENSES  5,100.  TOTAL EXPENSES  0.  TOTAL EXPENSES  10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES  46,344.  MANAGEMENT AND GENERAL EXPENSES  0.  FUNDRAISING EXPENSES  0.	PA,RI,SC,TN,UT,VI,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:  GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART IX, LINE 11G, OTHER FEES:  CONTRACT SUPPORT:  PROGRAM SERVICE EXPENSES  ANANAGEMENT AND GENERAL EXPENSES  1,000.  FUNDRAISING EXPENSES  21,285.  TOTAL EXPENSES  45,420.  CUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES  2,494.  MANAGEMENT AND GENERAL EXPENSES  5,172.  FUNDRAISING EXPENSES  0.  TOTAL EXPENSES  10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES  46,344.  MANAGEMENT AND GENERAL EXPENSES  46,3444.  MANAGEMENT AND GENERAL EXPENSES  0.  FUNDRAISING EXPENSES  0.  FUNDRAISING EXPENSES  0.  FUNDRAISING EXPENSES  0.	FORM 990, PART VI, SECTION C, LINE 18:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART IX, LINE 11G, OTHER FEES:  CONTRACT SUPPORT:  PROGRAM SERVICE EXPENSES  MANAGEMENT AND GENERAL EXPENSES  1,000.  FUNDRAISING EXPENSES  21,285.  TOTAL EXPENSES  45,420.  OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES  2,494.  MANAGEMENT AND GENERAL EXPENSES  5,172.  FUNDRAISING EXPENSES  0.  TOTAL EXPENSES  10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES  46,3444.  MANAGEMENT AND GENERAL EXPENSES  0.  FUNDRAISING EXPENSES  0.  FUNDRAISING EXPENSES  0.	NWBA'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.	
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.  FORM 990, PART IX, LINE 11G, OTHER FEES:  CONTRACT SUPPORT:  PROGRAM SERVICE EXPENSES 23,135.  MANAGEMENT AND GENERAL EXPENSES 1,000.  FUNDRAISING EXPENSES 21,285.  TOTAL EXPENSES 45,420.  OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES 2,494.  MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.  FUNDRAISING EXPENSES 0.  OUTSIDE SERVICE EXPENSES 0.	FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, PART IX, LINE 11G, OTHER FEES:           CONTRACT SUPPORT:           PROGRAM SERVICE EXPENSES         23,135.           MANAGEMENT AND GENERAL EXPENSES         1,000.           FUNDRAISING EXPENSES         21,285.           TOTAL EXPENSES         45,420.           OUTSIDE SERVICES:	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINE	ANCIAL STATEMENTS
CONTRACT SUPPORT:         23,135.           PROGRAM SERVICE EXPENSES         1,000.           FUNDRAISING EXPENSES         21,285.           TOTAL EXPENSES         45,420.           OUTSIDE SERVICES:         PROGRAM SERVICE EXPENSES           PROGRAM SERVICE EXPENSES         2,494.           MANAGEMENT AND GENERAL EXPENSES         8,172.           FUNDRAISING EXPENSES         0.           TOTAL EXPENSES         10,666.           PHONE OUTREACH AND SOLICITATION:         PROGRAM SERVICE EXPENSES           MANAGEMENT AND GENERAL EXPENSES         0.           FUNDRAISING EXPENSES         0.	ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
PROGRAM SERVICE EXPENSES         23,135.           MANAGEMENT AND GENERAL EXPENSES         1,000.           FUNDRAISING EXPENSES         21,285.           TOTAL EXPENSES         45,420.           OUTSIDE SERVICES:         2           PROGRAM SERVICE EXPENSES         2,494.           MANAGEMENT AND GENERAL EXPENSES         8,172.           FUNDRAISING EXPENSES         0.           TOTAL EXPENSES         10,666.           PHONE OUTREACH AND SOLICITATION:         2           PROGRAM SERVICE EXPENSES         46,344.           MANAGEMENT AND GENERAL EXPENSES         0.           FUNDRAISING EXPENSES         0.	FORM 990, PART IX, LINE 11G, OTHER FEES:	
MANAGEMENT AND GENERAL EXPENSES         1,000.           FUNDRAISING EXPENSES         21,285.           TOTAL EXPENSES         45,420.           OUTSIDE SERVICES:	CONTRACT SUPPORT:	
FUNDRAISING EXPENSES 21,285.  TOTAL EXPENSES 45,420.  OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES 2,494.  MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	PROGRAM SERVICE EXPENSES	23,135.
TOTAL EXPENSES 45,420.  OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES 2,494.  MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	MANAGEMENT AND GENERAL EXPENSES	1,000.
OUTSIDE SERVICES:  PROGRAM SERVICE EXPENSES 2,494.  MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	FUNDRAISING EXPENSES	21,285.
PROGRAM SERVICE EXPENSES 2,494.  MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	TOTAL EXPENSES	45,420.
MANAGEMENT AND GENERAL EXPENSES 8,172.  FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	OUTSIDE SERVICES:	
FUNDRAISING EXPENSES 0.  TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	PROGRAM SERVICE EXPENSES	2,494.
TOTAL EXPENSES 10,666.  PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	MANAGEMENT AND GENERAL EXPENSES	8,172.
PHONE OUTREACH AND SOLICITATION:  PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	FUNDRAISING EXPENSES	0.
PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	TOTAL EXPENSES	10,666.
PROGRAM SERVICE EXPENSES 46,344.  MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.	PHONE OUTREACH AND SOLICITATION:	
MANAGEMENT AND GENERAL EXPENSES 0.  FUNDRAISING EXPENSES 0.		46,344.
FUNDRAISING EXPENSES 0.		0.
		0.
		46,344.

Name of the organization NATIONAL WHEELCHAIR BASKETBALL ASSOCIATION	Employer identification number 36-2884730
REFEREES AND SCOREKEEPERS:	
PROGRAM SERVICE EXPENSES	24,475.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,475.
PERMITS & LICENSES:	
PROGRAM SERVICE EXPENSES	1,125.
MANAGEMENT AND GENERAL EXPENSES	1,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,875.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,443.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,443.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	139,223.