

Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

### A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or pnnr or type See Specific Instructions	<b>C</b> Name of organization <b>AMERICAN CONTRACT BRIDGE LEAGUE CHARITY FOUNDATION</b>		<b>D</b> Employer identification number <b>58-1408671</b>	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number <b>901-332-5586</b>
		<b>2990 AIRWAYS BOULEVARD</b>			<b>F</b> Group Exemption Number <input type="checkbox"/>
		City or town, state or country, and ZIP + 4 <b>MEMPHIS, TN 38116</b>			

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify)

**I** Website: **WWW.ACBL.ORG/ABOUT/CHARITYFOUNDATION**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) -  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 462,021.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received														451,175.																										
	2	Program service revenue including government fees and contracts																																								
	3	Membership dues and assessments																																								
	4	Investment income														10,216.																										
	5a	Gross amount from sale of assets other than inventory																																								
	5b	Less cost or other basis and sales expenses																																								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Special events and activities (complete applicable parts of Schedule D) if any amount is from gaming, check here <input type="checkbox"/>																																								
	6a	Gross revenue (not including \$ of contributions reported on line 1)																																								
	6b	Less direct expenses other than fundraising expenses																																								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																									
7a	Gross sales of inventory, less returns and allowances																																									
7b	Less cost of goods sold																																									
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
8	Other revenue (describe <b>MISCELLANEOUS</b> )														630.																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														462,021.																											
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 5</b>														173,000.																										
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits																																								
	13	Professional fees and other payments to independent contractors														1,000.																										
	14	Occupancy, rent, utilities, and maintenance																																								
	15	Printing, publications, postage, and shipping														5,704.																										
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )														40,678.																										
17	<b>Total expenses.</b> Add lines 10 through 16														220,382.																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9)														241,639.																											
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														524,769.																											
20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>														6,512.																											
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20														772,920.																											

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	532,020.	784,837.
23	Land and buildings		
24	Other assets (describe <b>SEE STATEMENT 2</b> )	4,697.	4,500.
25	<b>Total assets</b>	536,717.	789,337.
26	<b>Total liabilities</b> (describe <b>SEE STATEMENT 3</b> )	11,948.	16,417.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	524,769.	772,920.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED MAY 26 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> <span style="float:right">0.</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <span style="float:right">0.</span> , section 4912 <span style="float:right">▶</span> <span style="float:right">0.</span> , section 4955 <span style="float:right">▶</span> <span style="float:right">0.</span>		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <span style="float:right">0.</span>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <span style="float:right">0.</span>		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> TN		
42a	The organization's books are in care of <span style="float:right">▶</span> NATASHA BROWN Telephone no <span style="float:right">▶</span> 901-332-5586 Located at <span style="float:right">▶</span> 2990 AIRWAYS BLVD, MEMPHIS, TN ZIP + 4 <span style="float:right">▶</span> 38116		
42b	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)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 43 <span style="float:right">N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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CHARITY FOUNDATION

58-1408671

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**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |   | Yes | No |
|---|-----|----|
| 46 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 | 46  | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | X  |
| b If "Yes," was the related organization a section 527 organization?  | 49b |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"
- NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** 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: *[Signature]* Date: 4/26/2010

Type or print name and title: Georgia K. Heth, President of the Board of Trustees

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 3/29/10 Check if self-employed:

Firm's name (or preparer's name if self-employed): WATKINS UBERALL, PLLC Preparer's identifying number (See instr.): \_\_\_\_\_

address, and ZIP + 4: 1661 AARON BRENNER DR., STE 300 MEMPHIS, TENNESSEE 38120 EIN: \_\_\_\_\_ Phone no: (901) 761-2720

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,466.	203,398.	227,122.	305,386.	451,175.	1358547.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	171,466.	203,398.	227,122.	305,386.	451,175.	1358547.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						1358547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	171,466.	203,398.	227,122.	305,386.	451,175.	1358547.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,467.	20,657.	21,452.	16,939.	10,216.	88,731.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	19,467.	20,657.	21,452.	16,939.	10,216.	88,731.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	756.	4,040.	5,634.	543.	630.	11,603.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	191,689.	228,095.	254,208.	322,868.	462,021.	1458881.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	93.12 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	89.73 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6.08 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.76 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION			AMOUNT
MANAGEMENT FEES PAID TO ACBL, INC.			39,070.
TRAVEL			167.
OTHER EXPENSES			1,441.
TOTAL TO FORM 990-EZ, LINE 16			40,678.

FORM 990-EZ	OTHER ASSETS	BEG. OF YEAR	END OF YEAR	STATEMENT	2
DESCRIPTION					
RECEIVABLES		3,697.	4,000.		
PREPAID EXPENSES		1,000.	500.		
TOTAL TO FORM 990-EZ, LINE 24		4,697.	4,500.		

FORM 990-EZ	OTHER LIABILITIES	BEG. OF YEAR	END OF YEAR	STATEMENT	3
DESCRIPTION					
DUE TO ACBL, INC.		11,948.	12,417.		
GRANTS PAYABLE		0.	4,000.		
TOTAL TO FORM 990-EZ, LINE 26		11,948.	16,417.		

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT
CHANGE IN MARKET VALUE OF INVESTMENTS			6,512.
TOTAL TO FORM 990-EZ, LINE 20			6,512.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CHARITABLE CAPITAL AREA FOODBANK 645 TAYLOR STREET NE WASHINGTON, DC 20017	NONE	10,000.
CHARITABLE HEALTH FAIR FOR THE HOMELESS, INC 5200 POCAHONTAS BELLAIRE, TX 77401-4914	NONE	5,000.
CHARITABLE JOHN HOPKINS CHILDREN'S CENTER ONE CHARLES CENTER; 100 N CHARLES STREET, SUITE 200 BALTIMORE, MD 21201	NONE	5,000.
CHARITABLE VIRGINIA FEDERATION OF FOOD BANKS 800 TIDEWATER DRIVE NORFOLK, VA 23504	NONE	5,000.
CHARITABLE JUVENILE DIABETES RESEARCH FOUNDATION INTERNA 120 WALL STREET, 19TH FLOOR NEW YORK, NY 10005	NONE	10,000.
CHARITABLE THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CE 1515 HOLCOMBE BLVD HOUSTON, TX 77030	NONE	5,000.
CHARITABLE UNITED STATES BRIDGE FEDERATION 200 E DELAWARE PLACE APT 18 E CHICAGO, IL 60611-5795	NONE	5,000.
CHARITABLE DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZEME, NY 12846	NONE	5,000.
CHARITABLE FOUNDATION FOR THE PRESERVATION AND ADVANCEME 2990 AIRWAYS BLVD MEMPHIS, TN 38116	NONE	5,000.

CHARITABLE LEUKEMIA & LYMPHOMA SOCIETY 14 COMMERCE DRIVE, SUITE 301 CRANFORD, NJ 07016	NONE	5,000.
CHARITABLE ARKANSAS CHILDREN'S HOSPITAL FOUNDATION 800 MARSHALL ST BL 661 LITTLE ROCK, AR 72202-3591	NONE	5,000.
CHARITABLE THE LORD'S DINER 520 NORTH BROADWAY WICHITA, KS 67214	NONE	5,000.
CHARITABLE HELPING HANDS HUMANE SOCIETY INC 2625 NW ROCHESTER ROAD TOPEKA, KS 66617	NONE	5,000.
CHARITABLE MEALS ON WHEELS P O BOX 903 ABILENE, TX 79604	NONE	5,000.
CHARITABLE LUBBOCK FAMILY OUTREACH CENTER INC 5 BRIERCROFT OFFICE PARK LUBBOCK, TX 79412	NONE	5,000.
CHARITABLE TEXAS HEARING & SERVICE DOGS 4803 RUTHERGLEN AUSTIN, TX 78749	NONE	5,000.
CHARITABLE THE BLUE BIRD CIRCLE 615 WEST ALABAMA HOUSTON, TX 77006	NONE	5,000.
CHARITABLE THE BROTHER BENNO FOUNDATION 3260 PRODUCTION AVENUE OCEANSIDE, CA 92054	NONE	5,000.
CHARITABLE SOUTH COUNTY OUTREACH 26776 VISTA TERRACE LAKE FORREST, CA 92630	NONE	5,000.

AMERICAN CONTRACT BRIDGE LEAGUE CHARITY

58-1408671

CHARITABLE ANOTHER CHANCE HOUSE INC 209 SOUTH JACKSON AMARILLO, TX 79101	NONE	5,000.
CHARITABLE HIDDEN HARVEST P O BOX 266 COACHELLA, CA 92236	NONE	5,000.
CHARITABLE ORGANIZATIONS RECEIVING LESS THAN \$5,000	NONE	58,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>173,000.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE ACBL CHARITY FOUNDATION CORP. IS A NONPROFIT ORGANIZATION WHOSE PURPOSE IS TO MAKE IMPORTANT CONTRIBUTIONS TO WORTHY CAUSES AND TO FOSTER GOOD PUBLIC RELATIONS FOR THE GAME OF BRIDGE, FOR ACBL, INC, AND FOR ITS MEMBERS.