(Rev. January 2020)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

	nai reven			·			100	•
<u>A</u>	For the	2019 calen	dar year, or tax year beginr	iing	, 2019, and ending	<u> </u>		,
В	Check if a	applicable:	C			D Em	loyer ident	ification number
	Addr	ess change	National Collegia	ite Sales Competi	tion,		<u>-3390</u>	
	Name	e change	Inc.			E Tele	phone num	ber
	Initia	al return	560 Parliment Gar		06 #281	67	8-797	-2513
	\vdash	return/terminated	Kennesaw, GA 3014	14-5591				
	\vdash	nded return	ļ			G Gro	ss receipts	\$ 678,808.
	H-1		F Name and address of principal	officer		H(a) Is this a group r		
	Арри	lication pending	1	onicer.	i	• •		
			Same As C Above			H(b) Are all subordin If "No," attach a	list. (see in	structions)
		empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 49	947(a)(1) or 527			
J			w.ncsc-ksu.org			H(c) Group exemptio		
K	Form o	of organization:	X Corporation Trust	Association Other ►	L Year of formation	on: 2005	VI State of	legal domicile: GA
Pa		Summar						
·	1 B	Briefly descri	be the organization's mission	on or most significant activ	vities:Provide co	mpetition	and a	"sales fair"
a			eting and profess					
ĕ			promote and facil					
TI BE			looking to pursu					
Governance			ox F if the organization					
	3 N	lumber of vo	oting members of the gover	ning body (Part VI, line 1a)		. 3	1
∘ ୪	4 N	lumber of in	idependent voting members	of the governing body (Pa	art VI, line 1b)		. 4	1
Activities	5 T		r of individuals employed in					0
ξ;	6 T		r of volunteers (estimate if i					0
Ą			ed business revenue from F					0.
	b N	let unrelated	d business taxable income f	rom Form 990-T, line 39.			. 7b	0.
						Prior Ye	ar	Current Year
d)	8 0	Contributions	s and grants (Part VIII, line	1h)		445	,300.	677,375.
ž	9 F	Program ser	vice revenue (Part VIII, line	2g)				
Revenue	10 lr	nvestment i	ncome (Part VIII, column (A	(), lines 3, 4, and 7d)				
ď			ue (Part VIII, column (A), lin				843.	1,433.
	12 T	Total revenu	e - add lines 8 through 11	(must equal Part VIII, colu	mn (A), line 12)	446	,143.	678,808.
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3).				45,000.
	14 E	Benefits paid	d to or for members (Part IX	(, column (A), line 4)				
	1		er compensation, employee				,319.	50,258.
ès	16 2 5		fundraising fees (Part IX, c				, , , , , ,	30,230.
Expenses	104							
Š.	b l		sing expenses (Part IX, col		1,250.	2011	- 100	
щ	17	Other expen	ses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e)		445	,741.	461,715.
	18 T	Total expens	ses. Add lines 13-17 (must e	equal Part IX, column (A),	line 25)	501	,060.	556,973.
	19 F	Revenue les	s expenses. Subtract line 1	3 from line 12		-54	,917.	121,835.
5	3					Beginning of Cu		
Assets or	20 ⊺	Total assets	(Part X, line 16)				,133.	308,968.
A33	21 T	Total liabiliti	es (Part X, line 26)				0.	0.
ž.	4	Vet assets o	r fund balances. Subtract li	ne 21 from line 20		177	,133.	308,968.
D	art II		re Block	10 21 110111 11110 20,,			,133.	300,300.
	<u> </u>	<u> </u>						
con	ier penaitie iplete. Dec	es of perjury, I d claration of prep	leclare that I have examined this returnated that I have examined this return are (other than officer) is based on a	rn, including accompanying schedu all information of which preparer ha	les and statements, and to to s any knowledge.	he best of my knowle	dge and be	lief, it is true, correct, and
-		K						
c:		Signat	ure of officer			Date		
) 	gn							
п	ere		Terry W. Loe			Executive	<u> Dire</u>	ec
		l type o						
		- In:		T5			1-21	1
		1	preparer's name	Preparer's signature	Date	Check	X if	PTIN
Pa	nid	1		Preparer's signature Gregory A. Green		Check self-em		PTIN P01422327
Pr	eparei	Grego r Firm's nam	preparer's name ry A. Greenwell re Gregory A. Gr	Gregory A. Green reenwell, P.C.		1		
Pr		Grego r Firm's nam	preparer's name ry A. Greenwell ne Gregory A. Gr	Gregory A. Green reenwell, P.C.		self-em	ployed	

No

Form 990 (2019)	National Collegia	te Sales Competition,	20-3390394	Page 2
	ement of Program Serv			
Check	k if Schedule O contains a res	sponse or note to any line in this Part II	1	X
1 Briefly descr	ibe the organization's mission	n:		
See Sche	edule O			
2 Did the organ	nization undertake any significar	at program services during the year which v	vere not listed on the prior	
_				X No
	cribe these new services on Sch			
•		make significant changes in how it cor	nducts, any program services? Yes	X No
	cribe these changes on Schedul			
			se largest program services, as measured by	ynenses
Section 501 and revenue	(c)(3) and 501(c)(4) organizate, if any, for each program se	ions are required to report the amount vice reported.	ee largest program services, as measured by entering the following and allocations to others, the total entering the total entering and allocations to others.	xpenses,
4 a (Code:) (Expenses \$	486,722. including grants of \$) (Revenue \$)
			areer fair" for professional	sales
			e United States to promote an	
			s to college students looking	
			in excess of 300 students and	
			the most recent competition	
4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$))
A - /Oada.) (Funance &	including grants of ¢) (Revenue \$	
4 c (Code:) (Expenses \$	Including grants of \$) (Revenue \$	
,				
4 d Other progr	ram services (Describe on Sc	hedule O.)		
(Expenses		including grants of \$) (Revenue \$)
	am service expenses	486,722.	, , , , , , , ,	,
- To rotal progr	am service expenses	400,144.		

Form 990 (2019) National Collegiate Sales Competition, 20-3390394 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Χ Х Δ 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...... Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*.................. Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X complete Schedule D, Part III..... 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V..... X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule X D, Part VI. Χ 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. Χ Χ X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... Х 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X Schedule D, Parts XI and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b Х Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV...... 14h Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Χ Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. X 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II...............

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....

19

20a

20b

X

Χ

use hope	oneckist of required senedates (continued)	1	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, 'complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31		31		X
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule Q	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Confedence Confidence of flote to dry fine in this fact v		Yes	
•		3		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	

20-3390394 Page 5 National Collegiate Sales Competition, Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If 'Yes.' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)?. 4 a b If 'Yes.' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... Χ b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6h not tax deductible?.... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a services provided to the payor?..... 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c Form 8282?..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 q as required?.....as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.... 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter; **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...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13 a 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 14 a

14b

15

16

X

Form 990 (2019)

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O......

excess parachute payment(s) during the year?.....

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If 'Yes,' see instructions and file Form 4720, Schedule N.

If 'Yes,' complete Form 4720, Schedule O.

20-3390394 Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 \overline{X} Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Х 8 a **b** Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12 c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15 a X **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Marietta GA 30066 770-509-0528

Gregory A. Greenwell, P.C. P.O. Box 669791

Form 990 (2019) National Collegiate Sa	les Competition,		20-33903	
Part VII Compensation of Officers, Director Independent Contractors	ors, Trustees, Key Employe	es, Highest Co	ompensated En	nployees, and
Check if Schedule O contains a response of	or note to any line in this Part VII.			
Section A. Officers, Directors, Trustees, Ke				
 1 a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) if 	ctors, trustees (whether individual	s or organizations	s), regardless of an	nount of
 List all of the organization's current key employe List the organization's five current highest compound received reportable compensation (Box 5 of Formorganization and any related organizations. List all of the organization's former officers, key of reportable compensation from the organization and any List all of the organization's former directors or trusted organization, more than \$10,000 of reportable compensation 	ensated employees (other than an W-2 and/or Box 7 of Form 1099-M employees, and highest compensatelated organizations. es that received, in the capacity as a feature of the second content of the capacity as a feature of the capacity and the capacity as a feature of the capaci	officer, director, IISC) of more tha ated employees w former director or tr	trustee, or key emp n \$100,000 from the tho received more to rustee of the	е
See instructions for the order in which to list the perso	ns above.			
Check this box if neither the organization nor any relate	ed organization compensated any cur	rent officer, directo	or, or trustee.	
(A) Name and title	(C) Rosition (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensor institutional trusteer or director related organizations below dotted line)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

(A) Name and title	(B) Average hours per	1	dir	ector	/trust	ss pers r and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) Dr. Terry W. Loe	_ 30 _									
Executive Direc (2)	0	X						12,500.	0.	0.
_(-)										
(3)										
(5)		-								
(6)		1								
						<u> </u>				
(9)										
(10)										
(11)										
(12)		-					<u> </u>			,
(13)									-	
(14)										

Page 8

Part VII Section A. Officers, Directors, Tru	(B)	Tey	L-111	(C		65, ai	<u> </u>	riigilest con	ipensated Linp	loyces (continued)
(A)	Average hours	(do	not ch	Pos neck	sition more	than on	e	(D) Reportable	(E) Reportable	(F)
Name and title	per week (list any hours for related organiza - tions below dotted line)		er an	dad	direct	Highest compensated employee	∍)	compensation from the organization (W-2/1099-MISC)	reputation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
[17]								\		
(18)		-					1	William Control of the Control of th		
(19)										
(20)										
(21)										
(22)					-		-			
(23)					-					
(24)		-								
(25)		-								
1 b Subtotal	1							12,500.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A					_	• -	0.	0.	0.
d Total (add lines 1b and 1c)							ed i	12,500. more than \$100,0	0 .00 of reportable com	
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations great such individual. 5 Did any person listed on line 1a receive or accru 	ch individ of reportal er than \$	ble co 150,0	ompe 000?	ens: If '	atioi Yes	n and o	oth ole	er compensation te Schedule J for	from	Yes No X
for services rendered to the organization? If 'Ye Section B. Independent Contractors	es,' compl	ete S	ched	dule	J f	or sucl	ate h p	erson	rindividual	5 X
Complete this table for your five highest comper compensation from the organization. Report compe	nsated in	deper	nden caler	it co ndar	ontra yea	actors r endin	tha	it received more with or within the c	than \$100,000 of organization's tax yea	ar,
(A) Name and business add	dress							Description	B) of services	(C) Compensation
2 Total number of independent contractors (including \$100,000 of compensation from the organization		nited	to th	ose	liste	ed abov	/e)	who received mor	e than	

Part	VI	2012					. U i. Haia Dauk V	7111		
		Check If Scheduli	<u>e O (</u>	contains	a respo	onse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a	Federated campaig	ns		1 a			7 #4 5		
ᄪ	b	Membership dues			1 b	28,875.				· 数许快点。 表现在2000年
5 5	С	Fundraising events			1 c					15.5%
ir A	d	Related organizatio	ns		1 d				200	
7. E		Government grants (conti			1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g similar amounts not include:	jifts, g uded a	rants, and above	1 f	648,500.				
₽ t	g	Noncash contributions in lines 1a-1f	icluded	d in	1 g		146			
등립		Total. Add lines 1a-				-	677,375.			
0.6		Totali / laa iii laa Ta	••••			Business Code	011,313.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Program Service Revenue	2 a		·					Constitution Constitution (Constitution Constitution Cons		
gra	f	All other program s	ervio	ce revenu	ie					
Pro	a	Total. Add lines 2a						Section of the section of the		
	3									
	,	Investment income (other similar amou	nts).							
	4	Income from invest	tmen	t of tax-e	exempt	bond proceeds.				
	5	Royalties								
		,		(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						end and the	
		Less: rental expenses	6b						- FET 125 - 188	
		: Rental income or (loss)	-							The second
	ł									
	۲	Net rental income	or (ic							
	7 a	Gross amount from		(i) Sec	urities	(ii) Other			146	
		sales of assets other than inventory	7a							100000000000000000000000000000000000000
	ŀ	Less: cost or other basis	1							
		and sales expenses	7b							
		Gain or (loss)	7c				4			
	(Net gain or (loss).					-			
ø	8 8	Gross income from fund	Iraisin	a events					100000	Partie of the sale
Other Revenue	•	(not including \$., ., ., .,	9 0101.10						
Š		of contributions reported	d on li	ine 1c).				1960年1月1日 1864 1960年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	. 14 A. F.	
8		See Part IV, line 18			8	a	100 m 100 m		100	
ē	l	Less: direct expens			8	b				
둦		: Net income or (los			 aisina €	events	-			
Ų	1	a Gross income from gam See Part IV, line 19			9					
		Less: direct expen			9			the state of the state of		
	1	Net income or (los					•			
	1			_	ig activ				124 Fe 127 SE 137 SE 2	1
	10	 Gross sales of inventory returns and allowances 	y, less		10			1		
	1	Less: cost of good			10 10		+	100 may 100 ma		
	1	C Net income or (los			ـــــا		-			
	+-	Net income or (108) III	oni sales	OI IIIVE	Business Code				
Miscellaneous Revenue	11	a interest				Desinios Cour	1 400			1 400
scellaneo	11.						1,433	•		1,433
<u>a</u>		b 								
E G		; , , , - , -								
ĨŠ.	1	d All other revenue.						oday to o occupator of the control o		
2	-1	e Total. Add lines 1					1,433			
	12	Total revenue. See	e ins	tructions	· · · · · · · ·		678,808	. 0	. 0	. 1,433

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. 45,000. 45,000 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 for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, 0. 0. trustees, and key employees..... 12,500. 12,500 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0. 0 37,758 Other salaries and wages..... 37,758 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... **10** Payroll taxes..... 11 Fees for services (nonemployees): a Management..... **b** Legal....... 2,648 2,648 c Accounting...... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion 74,184. 72,934. 1,250 13 Office expenses..... 1,411 1,411 Information technology..... 15 16 Occupancy..... 14,480. 14,480. 17 Travel..... 165,159 165,159. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... Interest..... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization... 1,934 1,934 882 882 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... a refreshments_____ 76,171 76,171 b entertainment_____ 36,093. 36,093 32,415 c transportation 32,415 d Printing and Publications 14,446 14,446 14,179. 27,713. e All other expenses 41,892. 25 Total functional expenses. Add lines 1 through 24e . . . 556,973. 486,722. 69,001. 1,250. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X								
					(A) Beginning of year		(B) End of year					
	1	Cash – non-interest-bearing			45,672.	1	158,008.					
	2	Savings and temporary cash investments			127,578.	2	149,011.					
	3	Pledges and grants receivable, net				3						
	4	Accounts receivable, net				4	*****					
	5	Loans and other receivables from any current or form- trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, contribut sons	, director, or, or 35%		5						
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4958(f)(1)).	ersons (a: 4958(c)(3	s defined under		6						
	7	Notes and loans receivable, net				7						
\$	8	Inventories for sale or use		· ·		8						
Assets	9	Prepaid expenses and deferred charges		1.		9						
Ä	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	50,895.								
		Less: accumulated depreciation		48,946.	3,883.	10 c	1,949.					
	11	Investments – publicly traded securities			3,003.	11	1, 545.					
	12	Investments – other securities. See Part IV, line 11				12						
	13	Investments - program-related. See Part IV, line 11.				13						
	14		ngible assets									
	15	Other assets. See Part IV, line 11				15						
	16	Total assets. Add lines 1 through 15 (must equal line			177,133.	16	308,968.					
	17	Accounts payable and accrued expenses				17						
	18	Grants payable			18							
	19	Deferred revenue	1		19							
	20		Tax-exempt bond liabilities									
es	21	Escrow or custodial account liability. Complete Part I'	V of Sche	edule D		21	PMPM0401101					
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, direction, or 35 rsons	ctor, trustee, 5%		22						
_	23	Secured mortgages and notes payable to unrelated th	ird partie	s		23						
	24	Unsecured notes and loans payable to unrelated third				24						
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25						
	26	Total liabilities. Add lines 17 through 25			0.	26	0.					
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				25						
<u>a</u>	27					27						
Ba	28	Net assets with donor restrictions				28						
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.										
6	29	Capital stock or trust principal, or current funds				29						
\$	30	Paid-in or capital surplus, or land, building, or equipm				30						
SS	31	Retained earnings, endowment, accumulated income,			177,133.	31	308,968.					
t A	32	Total net assets or fund balances			177,133.	32	308,968.					
S	33	Total liabilities and net assets/fund balances			177,133.	33						
		The second secon			111,133.	1 33	308,968.					

Forr	m 990 (2019) National Collegiate Sales Competition, 24	0-3390394		Pa	age 12
Pa	rt XI Reconciliation of Net Assets		***************************************		
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			808.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			973.
3	Revenue less expenses. Subtract line 2 from line 1	. 3			835.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				133.
5	Net unrealized gains (losses) on investments	. 5		111.	133.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	. 9		10 (000.
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 32)			10,0	,,,,
	column (B)).	. 10	3	08,9	968.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				П
			·····	Yes	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			163	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review		2 a		A
	separate basis, consolidated basis, or both:	ewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep		2.0		27
	basis, consolidated basis, or both:	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				1.1
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?	; 	3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit			<u> </u>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
					1

TEEA0112L 01/21/20

Form **990** (2019)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization National Collegiate Sales Competition, 20-3390394 Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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.) 8 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 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. 12 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. d 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. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (III) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed support (see instructions) support (see instructions) your governing document? Yes No (A) (B) (C) (D) (E) Total

Page 2

Schedule A (Form 990 or 990-EZ) 2019 National Collegiate Sales Competition, 20-3390394

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.)

Secti	on A. Public Support						
begin	dar year (or fiscal year ning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
ĺ	Sifts, grants, contributions, and membership fees received. (Do not nclude any 'unusual grants.')	567,450.	612,450.	484,350.	445,300.	677,375.	2,786,925.
	Fax revenues levied for the organization's benefit and either paid to or expended on its behalf				:		0.
:	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	567,450.	612,450.	484,350.	445,300.	677,375.	2,786,925.
	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).						0.
6	Public support. Subtract line 5 from line 4						2,786,925.
Sect	ion B. Total Support						
Caler begin	dar year (or fiscal year ning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	567,450.	612,450.	484,350.	445,300.	677,375.	2,786,925.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	112.	143.	326.	843.	1,433.	2,857.
11	Total support. Add lines 7 through 10						2,789,782.
12	Gross receipts from related activ	vities, etc. (see in	structions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatio	n's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 2	019 (line 6, colum	n (f) divided by li	ne 11, column (f))	14	99.90 %
	Public support percentage from						99.94%
	33-1/3% support test—2019. If and stop here. The organization	n qualifies as a pu	blicly supported o	organization			× X
b	33-1/3% support test—2018. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a booublicly supported of	c on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	e re. Explain in Pai	rt VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-are	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	s box and stop he a publicly suppor	e re. Explain in Pai ted organization .	rt VI how the ►
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check tl	nis box and see ir	nstructions
BAA					Sc	hedule A (Form 9	990 or 990-EZ) 2019

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.)

Sect	ion A. Public Support						
	ar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		.	·	4		
	dar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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.						
12	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 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501 (c	c)(3) ► [
	tion C. Computation of Pu					•	
	Public support percentage for 2						
16	Public support percentage from	2018 Schedule A	, Part III, line 15.			16	i %
	tion D. Computation of Inv						·
17	Investment income percentage						
18	Investment income percentage						
	33-1/3% support tests—2019. If is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizati	ion ▶
	33-1/3% support tests—2018. If line 18 is not more than 33-1/39	%, check this box	and stop here. Th	ne organization qu	ualifies as a public	cly supported or	ganization
20	Private foundation. If the organ	ization did not ch	eck a box on line	14, 19a, or 19b, o	cneck this box and	a see instruction	ıs <u> </u>

20-3390394

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.)

Se	ction	Δ	ΔΙΙ	Supporting	Orc	anizations
\sim	CUOII	$\overline{}$	\sim	JUDDOLULIA	\sim	WI L L U U U U U U

- 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.
- 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?
- 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 on 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Ye 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 'Yo 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		1
า	3b		
	3c		
	4a		
	4b		
t	4c		
	5a		
Э	5b 5c	1.381	
е	6		
	7		
's, '	8		
?	9a		
	9b		
	90	:	
es,'	10a		
	10b		3 (3) (3)

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

ee instruc	tions).	•				
	Yes	No				
2a						
2a 2b						
		10 m				
3a 3b						

Sche	edule A (Form 990 or 990-EZ) 2019 National Collegiate Sales Compe	+ i + •	ion, 20-33	90394 Page 6
Pai	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
i	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
(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		
_				

Section C — Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

2 Enter 85% of line 1.

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat		70574 , age 7		
Sec	Section D – Distributions					
1	Amounts paid to supported organizations to accomplish exempt pu					
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		***************************************		
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	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization ${\bf Part\ VI}$). See instructions.	ion is responsive (provide o	details			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015		and the second state of			
	From 2016					
	From 2017		16			
e	From 2018					
1	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
	Carryover from 2014 not applied (see instructions)			August 1		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			And the second		
4	Distributions for 2019 from Section D,	200 to				
	line 7: \$					
	Applied to underdistributions of prior years					
-	Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		Average State of the State of t			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			- ne		
8	Breakdown of line 7:					
a	Excess from 2015					
	Excess from 2016			The first of the second		
	Excess from 2017			And the second second		
C	Excess from 2018			2.5		
•	Excess from 2019	TOTAL TOTAL CONTRACTOR	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	170		

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Schedule A (Form 990 or 990-EZ) 2019

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Part VI 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. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source			2019	2018		2017		2016		2015	
interest	otal	\$ \$	1,433. 1,433.	\$ \$	843. 843.	\$ \$	326. 326.	\$ \$	143. 143.	\$ \$	112. 112.