(Rev. January 2020)

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

**Open to Public** Inspection

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. , 2019, and ending For the 2019 calendar year, or tax year beginning , 2020 Check if applicable: D Employer identification number Address change INTERNATIONAL SOCIETY OF BASSISTS 31-1616145 14070 PROTON ROAD #100 LB9 Telephone number Name change DALLAS, TX 75244 972-233-9107 Initial return Final return/terminated Amended return **G** Gross receipts \$ 183,754. F Name and address of principal officer: JOHN SCHIMEK H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or 527 501(c) ( Website: ► WWW.ISBWORLDOFFICE.COM **H(c)** Group exemption number ▶ Κ X Corporation Trust L Year of formation: M State of legal domicile: Form of organization: Other > 1987 Summary Briefly describe the organization's mission or most significant activities: THE ISB IS DEDICATED TO INSPIRING PUBLIC INTEREST, RAISING PERFORMANCE STANDARDS, AND PROVIDING AN ORGANIZATION FOR THOSE WHO TEACH, STUDY, PLAY, REPAIR, BUILD, RESEARCH AND ENJOY THE DOUBLE BASS. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 13 Number of independent voting members of the governing body (Part VI, line 1b)..... 13 5 0 Total number of volunteers (estimate if necessary)..... 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, line 39..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 68,943 45,370. Program service revenue (Part VIII, line 2g)..... 411,603. 114,969. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 699. 11,162. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 2,193 -2,472Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 483,438 169,029 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 383,365. 138,713. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 383,365. 138,713. Revenue less expenses. Subtract line 18 from line 12..... 30,316. 100,073. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 904,207. 873,898. 21 Total liabilities (Part X, line 26) ..... 28. 21. Net assets or fund balances. Subtract line 21 from line 20..... 22 873,870. 904,186. 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 Here MARCEL VILLAFLOR TREASURER Type or print name and title Print/Type preparer's name Preparer's signature AMY MICHIE self-employed P00956657 **Paid** ► SUTTON FROST CARY LLP Preparer Use Only Firm's address 600 SIX FLAGS DR., SUITE 600 Firm's EIN ► 75-2593210

ARLINGTON, TX 76011

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

Nο

Yes

Phone no. (817) 649-8083

Par	t III	Statement of Program Se			- 1
			response or note to any line in this Part III	X	1
1	-	describe the organization's mis	ion:		
	SEE_	SCHEDULE O			_
					_
					_
2	Did the	e organization undertake any signif	cant program services during the year which were not listed on the prior		-
_				Yes X No	
		s," describe these new services on			
3			or make significant changes in how it conducts, any program services?	Yes X No	
		s," describe these changes on Sche			
4	Descr	ibe the organization's program s	ervice accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section	on 501(c)(Š) and 501(c)(4) organ evenue, if any, for each program	zations are required to report the amount of grants and allocations to other	s, the total expenses,	
	anu re	evenue, il any, for each program	service reported.		
11 2	(Code	: ) (Expenses \$	57,353. including grants of \$ ) (Revenue	\$ 112 620 \	-
- u			GAZINE, CALENDAR, NEWSLETTER), MEMBER SERVICES,	\$ 112,638.)	
			OGRAM, WEBSITE AND OTHER PROJECTS TO EDUCATE ME		-
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4 b	(Code		785. including grants of \$) (Revenue		
			FERENCE AND OTHER PROFESSIONAL MEETINGS TO INFO	<u> DRM_AND_EDUCATE</u>	_
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4 c	: (Code	: ) (Expenses \$	including grants of \$ ) (Revenue	\$ )	
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/1 ~	I Othor	program services (Describe on S	chadula O )		_
40	(Expe		including grants of \$ ) (Revenue \$	١	
4 e		program service expenses >	58,138.	,	-

			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 (see instructions)?	2	Χ	
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 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, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	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	10	Х	
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? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
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.	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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 (see instructions).	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
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		Х

# Form 990 (2019) INTERNATIONAL SOCIETY OF BASSISTS Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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		X
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		Х
I	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		
(	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
I	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
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
(	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	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? <i>If 'Yes,' complete Schedule R, Part I</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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	o 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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 O	38	Х	
Pa	rt 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			. No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	NO
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan	2010

Form 990 (2019) INTERNATIONAL SOCIETY OF BASSISTS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	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 2a			
ŀ	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)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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)?	4 a		Х
t	of Yes,' enter the name of the foreign country ►			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F.		Х
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
•	services provided to the payor?	7 a		Х
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
,	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7.0		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7~		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
Q	Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
0	organization have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	3.5		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
á	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14-		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		^

Form 990 (2019) INTERNATIONAL SOCIETY OF BASSISTS 31-1616145 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 13 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.... 13 2 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? ..... Χ 2 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?...SEE.SCH.O. 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 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?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. ..... 15 a **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). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **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 16b 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 X 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

#100

DALLAS TX 75244 972-233-9107

14070 PROTON RD

MADELEINE CROUCH & CO.,

INC.

## 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.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours per	thar	one both dire	box, an o ector/	unles fficer truste		on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM KNIFIC	2									
DIRECTOR	0	Χ						0.	0.	0.
(2) MARCEL VILLAFLOR	2									
TREASURER	0	Х		Χ				0.	0.	0.
(3) HANS STURM	2									
PRESIDENT ELECT	0	Χ		Χ				0.	0.	0.
(4) DAVID MURRAY	2									
SECRETARY	0	Χ		Χ				0.	0.	0.
(5) PATRICIA WEITZEL	2									
DIRECTOR	0	Χ						0.	0.	0.
(6) TRAVIS HARRISON	2									
DIRECTOR	0	Χ						0.	0.	0.
(7) SANDOR OSTLUND	2									
DIRECTOR	0	Χ						0.	0.	0.
(8) TRACY ROWELL	2									
DIRECTOR	0	Χ						0.	0.	0.
(9) JOHN KENNEDY	22									
DIRECTOR	0	Χ						0.	0.	0.
(10) ALAN LEWINE	2									
DIRECTOR	0	X						0.	0.	0.
(11) JOHN SCHIMEK	2									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(12) NICHOLAS WALKER	2									
PAST PRESIDENT	0	Χ		X				0.	0.	0.
(13) GAELEN MCCORMICK	2									
DIRECTOR	0	Χ						0.	0.	0.
(14)										
	I	l			l	1 1				

Part VII   Section A. Officers, Directors, 17	(B)	ney	Em	1010		es,	and	Hignest Con	ipensated Emp	oyees	(contin	ued)
<b>(A)</b> Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	C	<b>(F)</b> ated amo				
	(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)	the o	nsation fi rganizatio d related anizations	on
(15)												
(16)												
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal	<u> </u>	<u> </u>					<b>•</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Sect							▶	0.	0.			0.
d Total (add lines 1b and 1c)							<b>▶</b> ved	0. more than \$100,00	0. 00 of reportable comp	ensatio	า	0.
from the organization $\blacktriangleright$ 0											Yes	No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ctor, truste	ee, ke	ey er	mpl	oyee	e, or	high	nest compensated	l employee	3	ies	
<b>4</b> For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	er compensation	from	. 3		X
the organization and related organizations great such individual										. 4		Χ
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	s,' comper	isatic ete Sc	on tro	om Iule	any J fo	unre r suc	h p	ed organization or erson	ındıviduai	. 5		Χ
Section B. Independent Contractors  1 Complete this table for your five highest comper	nsated ind	epen	dent	t co	ntra	ctors	tha	t received more t	han \$100,000 of			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Co										C)		
Traine and business add								Description	or services	Oompo	iisatioi	
2 Total number of independent contractors (including		ited to	o the	se l	listed	d abo	ve)	l who received more	than			
\$100,000 of compensation from the organization	ı <b>►</b> 0											

		Check if Schedule O contains a response or note to an	y line in this Part V	TIL		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
ontr nd C		Ines 1a-1f	45.050			
<u>ਹਾਲ</u> •	n	Total. Add lines 1a-1f ▶  Business Code	45,370.			
Program Service Revenue	2 a	MEMBERSHIP DUES 900099	76,081.	76,081.		
Rev	b	ADVERTISING 541800	26,609.	26,609.		
/ice	С	BIENNIAL EDU CONFERENCE 541900	12,279.	12,279.		
Ser	d					
am	e	Au				
rogi		All other program service revenue	114 000			
Д.	3	Investment income (including dividends, interest, and	114,969.			
	3	other similar amounts)	11,162.			11,162.
	4	Income from investment of tax-exempt bond proceeds $\mbox{\rotate}$				
	5	Royalties				
	62	Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a				
	b	Less: cost or other basis				
	_	and sales expenses 7b Gain or (loss) 7c				
		Gain or (loss)				
		Gross income from fundraising events				
nue	оa	(not including \$				
эvе		of contributions reported on line 1c).				
r R		See Part IV, line 18				
Other Revenu		Less: direct expenses				
0		Net income or (loss) from fundraising events ▶				
	9 a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less returns and allowances 10a 9 . 948 .				
		3/3-201				
		Less: cost of goods sold 10b 14,725.  Net income or (loss) from sales of inventory	A 777	4 777		
(0	C	Business Code	-4,777.	-4,777.		
Miscellaneous Revenue	11 a	MISCELLANEOUS 900099	2,305.	2,305.		
scellaneo Revenue	b		_,	_,		
	С					
JIS R	-	All other revenue				
		Total. Add lines 11a-11d	2,305.	446	_	4
	12	Total revenue. See instructions	169,029.	112,497.	0.	11,162.

## 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).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		охропосо	gorioral oxportsos	охроносс
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	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.
7	Other salaries and wages	<b>,</b>	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	61,020.		61,020.	
ŀ	Legal				
(	: Accounting	1,350.		1,350.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion				
13	Office expenses	2,931.		2,931.	
14	Information technology	10,425.	10,425.	2,331.	
15	Royalties.	10,120.	10, 120.		
16	Occupancy				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	785.	785.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,142.		5,142.	
24	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	MAGAZINE	37,578.	37,578.		
	FUNDRAISING EXPENSES	7,478.			7,478.
	MISCELLANEOUS	3,328.	3,328.		-
C	BANK AND CREDIT CARD FEES	3,177.	3,177.		
•	All other expenses	5,499.	2,845.	2,654.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	138,713.	58,138.	73,097.	7,478.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part $X \ldots$	<u> </u>	<u></u>	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	120/0501	2	457,207.
	3	Pledges and grants receivable, net.		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
S	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9	
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	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.		15	447,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	,	16	904,207.
		Total assets / taa miss i tinoagii io (mast oqual mis oo)	075,050.		301,207.
	17	Accounts payable and accrued expenses		17	21.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		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	<b>Total liabilities.</b> Add lines 17 through 25	28.	26	21.
es		Organizations that follow FASB ASC 958, check here ►			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
18	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
883	31	Retained earnings, endowment, accumulated income, or other funds	873,870.	31	904,186.
t.A	32	Total net assets or fund balances	873,870.	32	904,186.
Š	33	Total liabilities and net assets/fund balances	873,898.	33	904,207.

			~					
Pa	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	69,0	)29.			
2	Total expenses (must equal Part IX, column (A), line 25)		1	38,	713.			
3	Revenue less expenses. Subtract line 2 from line 1			30,3	316.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	73,8	370.			
5	Net unrealized gains (losses) on investments.	5						
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9	04,1	<u> 186.</u>			
Part 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: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a						
	b Were the organization's financial statements audited by an independent accountant?		. 2b		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	 ate						
	basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis							
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3:	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?		. 3a		Х			
ı	a If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
BAA	TEEA0112L 01/21/20		Form	1 <b>990</b>	(2019)			

Form **990** (2019)

#### 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

Name of the organization Employer identification number INTERNATIONAL SOCIETY OF BASSISTS 31-1616145 Part I 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 2 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). 4 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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 12 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 ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

## 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	tion A. Public Support			<u> </u>			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						_
2	Tax revenues levied for the organization'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	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	19 (line 6, columi	n (f) divided by li	ne 11, column (f))	D	14	%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14.				%
16a	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2018.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	<b>re.</b> Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

Page 3

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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) >	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
2	any 'unusùal grants.')	5,626.	56,037.	14,397.	68,943.	45,370.	190,373.
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	167,823.	476,501.	147,248.	428,213.	124,917.	1,344,702.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the						<u>.</u>
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						0.
	<b>Total.</b> Add lines 1 through 5	173,449.	532,538.	161,645.	497,156.	170,287.	1,535,075.
/a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line	ű.	Ů.	<u> </u>	<u> </u>	ű.	<u> </u>
	7c from line 6.)						1,535,075.
Sec	tion B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	173,449.	532,538.	161,645.	497,156.	170,287.	1,535,075.
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources	6,409.	6,026.	7,535.	699.	11,162.	31,831.
-	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	6,409.	6,026.	7,535.	699.	11,162.	31,831.
11	Net income from unrelated business	0,103.	0,020.	7,000.	033.	11/1021	01/0011
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include						<del></del> -
	gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI						
	-					2,305.	2,305.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	179,858.	538,564.	169,180.	497,855.	183,754.	1,569,211.
14	First five years. If the Form 990	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3) 🗆
Cas	organization, check this box and	-					
	tion C. Computation of Pul Public support percentage for 20			no 13 column (f)	<b>\</b>	15	97.82 %
	Public support percentage from 2		• •				98.72 %
	tion D. Computation of Inv						90.72 0
	Investment income percentage for				ımn (f))	17	2.03 %
	Investment income percentage for	•		-			1.28 %
	33-1/3% support tests—2019. If t						1.00
, Ju	is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organi	zation qualifies a	is a publicly suppo	orted organization	u iiie 17
b	33-1/3% support tests-2018. If t						
20	line 18 is not more than 33-1/3%		-		·		
20	<b>Private foundation.</b> If the organization	zation did not ched	a box on line l	4, 19a, or 19b, c	HECK THIS DOX 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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>4</b> a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	bid 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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
t	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
0-	complete Part I of Schedule L (Form 990 or 990-EZ).  Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	8		
30	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
t	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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)				
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No	
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	gover	ning body of a supported organization?	11a			
b	A fan	nily member of a person described in (a) above?	11b			
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c			
Sect	tion I	B. Type I Supporting Organizations				
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No	
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,				
	applie	ed to such powers during the tax year.	1			
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2			
Sect	tion (	C. Type II Supporting Organizations				
				Yes	No	
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sect	tion I	D. All Type III Supporting Organizations				
				Yes	No	
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organ	nization'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				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?					
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played				
	in this	s regard.	3			
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations				
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	Т	he organization satisfied the Activities Test. Complete line 2 below.				
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.				
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No	
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted				
		antially all of its activities.	2a			
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the				
		nization's involvement.	2b			
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.				
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a			
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b			

Sch	edule A (Form 990 or 990-EZ) 2019 INTERNATIONAL SOCIETY OF BASSI	LSTS	31-16	16145 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	ction 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	ction 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 shortax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e 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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

10 Line 8 amount divided by line 9 amount

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	

(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Excess	Excess Underdistributions

BAA

Schedule A (Form 990 or 990-EZ) 2019

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 III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE			2019	 2018	 2017	 2016	 2015
OTHER INCOME	TOTAL	\$ \$	2,305. 2,305.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

INTERNATIONAL SOCIETY OF BASSISTS 31-1616145 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ightharpoonupCaution: 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).

Ochedale B (Form 330	, 330 LZ, 01	J J O 1	1) (2013)					
Name of organization								
INTERNATIONAL	SOCIETY	OF	BASSISTS					

Employer identification number

31-1616145

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	M.A. & W.A. MALONEY FAMILY FOUND.  123 N. WACKER, #1550  CHICAGO, IL 60606	\$ <u>5,000</u> .	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Name of organization INTERNATIONAL SOCIETY OF BASSISTS

31-1616145

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space	s needed.
--	-----------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
	·	  \$ 	
(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
		  s	

Employer identification number 31–1616145

Part III	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	<b>tor.</b> Complete columns (a) through (e) and of exclusively religious, charitable, etc.	1
(a) No. from Part I		(c) Use of gift	(d) Description of how	gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
	Transferee's name, addres	Relationship of transferor to t	ransferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
	Transferee's name, addres	Relationship of transferor to t	ransferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to t	ransferee
				. – – – – – – –

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL SOCIETY OF BASSISTS 31-1616145 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X.....

Part III   Organizations Maintai	ining Collection	is of Art, Histori	cal Treasures, or	Otner Similar Ass	ets (continue	a)
3 Using the organization's acquisition items (check all that apply):	, accession, and oth	_	-	ke significant use of its	collection	
<b>a</b> Public exhibition		<b>d</b> Loan or	exchange program			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations	<u> </u>				
4 Provide a description of the organiz Part XIII.	ation's collections a	nd explain how they for	orther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maintaine	ed as part of the org	anization's collection?.		Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements amount on Forr	s. Complete if the n 990, Part X, lir	e organization ans ne 21.	wered 'Yes' on Foi	m 990, Part	IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or c	ther intermediary fo	r contributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and co	mplete the following	table:	L		
					Amount	
c Beginning balance				. 1c		
<b>d</b> Additions during the year				. 1 d		
e Distributions during the year				. 1 e		
f Ending balance				. 1f		
2 a Did the organization include an a	mount on Form 99	0, Part X, line 21, fo	r escrow or custodial a	ccount liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds. C						
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years b	
1 a Beginning of year balance	80,622				44,1	.66.
<b>b</b> Contributions	10,000	. 5	24,584			
<b>c</b> Net investment earnings, gains, and losses	6,752	20	3. 4,853	. 3,386.	3,7	791.
<b>d</b> Grants or scholarships						
Other expenditures for facilities and programs				0.		
f Administrative expenses						
<b>g</b> End of year balance	97,374				47,9	<u> 57.</u>
2 Provide the estimated percentage	e of the current yea	er end balance (line	1g, column (a)) held a	S:		
a Board designated or quasi-endowm		<u>00.00</u> ۶				
<b>b</b> Permanent endowment ►	%					
c Term endowment ►	%					
The percentages on lines 2a, 2b, ar	·					
<b>3a</b> Are there endowment funds not in to organization by:	he possession of the	organization that are	held and administered f	or the	Yes	No
(i) Unrelated organizations					3a(i)	X
(ii) Related organizations					· ''	X
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3a(ii)	
• •	-				3b	
4 Describe in Part XIII the intended		ization's endowmen	tunas.			
Part VI Land, Buildings, and I Complete if the organi	• •	d 'Yes' on Form	990, Part IV, line	11a. See Form 990	ງ, Part X, line	e 10.
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value depreciation						ie
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<b>e</b> Other						
Total. Add lines 1a through 1e. (Colum		form 990 Part X co	lumn (R) line 10c )	<b>&gt;</b>		
BAA	ii (u) iiiusi equal r	onn 550, rail A, CO	анн ( <i>D),</i> IIII <del>C</del> 100. <i>)</i>		ule D (Form 990)	0. 2019
				Julieut	*** P (1 OIIII 220)	_0 1 7

Schedule D (Form 990) 2019

· art vii	Investments –			N/A	
	Complete if the	e organization answered	l 'Yes' on Form 990	), Part IV, line 11b. See Form 99	90, Part X, line 12.
(a) Desci	ription of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financi	ial derivatives				
(2) Closely	held equity interes	ts			
(3) Other					
(A) (B) (C)					
(C)					
(D)					
(D) (E)					
(F)					
$\frac{(G)}{(H)}$					
(l) — — —					
	an (h) must squal Form (	00 Part V saluma (P) line 12)			
		90, Part X, column (B) line 12.) • Program Related.		N/A	
Part VIII	Complete if the	e organization answered	L'Yes' on Form 990	), Part IV, line 11c. See Form 99	90. Part X. line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end-	
(1)			, ,	• •	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	nn (b) must eaual Form 9	90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.				
	Complete if the			), Part IV, line 11d. See Form 99	90, Part X, line 15.
		(a) Do	scription		
/1\ TTT 0		(a) De	seription		(b) Book value
	TORIC BASS	(a) De	3011011		175,000.
(2) HIS	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS		.,	Scription		175,000.
(2) HIS (3) K. (4)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6) (7)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6) (7) (8)	TORIC BASS	.,	Scription		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)	TORIC BASS RUGGIERI BAS	S		<b>▶</b>	175,000. 250,000. 22,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.	TORIC BASS RUGGIERI BAS	S  I Form 990, Part X, column (i	B) line 15.)		175,000. 250,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)	TORIC BASS RUGGIERI BAS	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) line 15.)		175,000. 250,000. 22,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder	TORIC BASS RUGGIERI BAS	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Feder (2)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Fede (2) (3)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Fede (2) (3) (4)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  1. (1) Fede (2) (3) (4) (5)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  1. (1) Feder (2) (3) (4) (5) (6)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X  1. (1) Feder (2) (3) (4) (5) (6) (7)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X   1.  (1) Feder (2) (3) (4) (5) (6) (7) (8)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X   1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org	S  I Form 990, Part X, column (increase)  PS.  ganization answered 'Yes' on F	B) <i>line 15.)</i> orm 990, Part IV, line 11		175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org ral income taxes	S  I Form 990, Part X, column (a)  PSa.  ganization answered 'Yes' on F  (a) Descr	B) line 15.)	e or 11f. See Form 990, Part X, line 25.	175,000. 250,000. 22,000. 447,000.
(2) HIS (3) K. (4) (5) (6) (7) (8) (9) (10)  Total. (Co.  Part X  1. (1) Fedee (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Colum	TORIC BASS RUGGIERI BAS  lumn (b) must equa  Other Liabilitie Complete if the org ral income taxes	S  I Form 990, Part X, column (a)  PS.  ganization answered 'Yes' on F  (a) Descr	B) line 15.)		175,000. 250,000. 22,000. 447,000.

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return N/A
	ivetuiii. 14/11
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Netain. 10/11
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL SOCIETY OF BASSISTS

Employer identification number

31-1616145

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE INTERNATIONAL SOCIETY OF BASSISTS WAS FOUNDED BY THE WORLD-RENOWNED VIRTUOSO GARY KARR IN 1967. WITH NEARLY 2,500 MEMBERS IN OVER 40 COUNTRIES, THE ISB IS DEDICATED TO INSPIRING PUBLIC INTEREST, RAISING PERFORMANCE STANDARDS, AND PROVIDING AN ORGANIZATION FOR THOSE WHO TEACH, STUDY, PLAY, REPAIR, BUILD, RESEARCH AND ENJOY THE DOUBLE BASS. THE ISB IS A FORUM FOR COMMUNICATION AMONG THE BASSISTS THROUGHOUT THE WORLD AND ACROSS A WIDE VARIETY OF MUSICAL STYLES.

#### FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

THE MANAGEMENT COMPANY PROVIDES THE FOLLOWING SERVICES TO ISB: PROVISION OF OFFICE SPACE, FURNITURE, FIXTURES, EQUIPMENT, AND UTILITIES; STAFF TO PERFORM MANAGEMENT, OPERATIONAL, AND ADMINISTRATIVE SERVICES NECESSARY FOR ISB TO EXECUTE ITS MISSION AND GOALS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM. A DRAFT OF THE FORM 990 IS SENT TO AN OFFICER FOR REVIEW PRIOR TO FILING

#### FORM 990, PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE MANAGEMENT FEE PAID BY ISB COVERS A PRO RATA PORTION OF SALARIES, BENEFITS,
UTILITIES, RENT, EQUIPMENT, FURNITURE, FIXTURES, AND MANY SUPPLIES. THE BOARD OF
DIRECTORS EVALUATES ITS MANAGEMENT FEE EXPENSES ANNUALLY. THE BOARD DOES NOT APPROVE
THE SALARIES OF THE MANAGEMENT COMPANY EMPLOYEES. THE BOARD APPROVES THE MANAGEMENT
FEE PAID TO THE MANAGEMENT COMPANY, WHICH INCLUDES SALARIES OF THE MANAGEMENT
COMPANY EMPLOYEES.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST.