

EXTENDED TO NOVEMBER 15, 2022

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHOWMEN'S LEAGUE OF AMERICA		D Employer identification number 36-1771610
	Doing business as		E Telephone number 312-733-9533
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 474,904.
	1023 W FULTON MARKET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60607		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: PATRICK JAMIESON SAME AS C ABOVE		I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.SHOWMENSLEAGUE.ORG		L Year of formation: 1913 M State of legal domicile: IL	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FRATERNAL ORGANIZATION OF SHOWPEOPLE TO SUPPORT ITS MEMBERS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	57
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	56
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	52
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,050.	15,050.
	9 Program service revenue (Part VIII, line 2g)	16,649.	33,414.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,073.	125,319.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,637.	80,708.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,409.	254,491.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	89,000.	126,667.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,084.	77,364.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	167,593.	133,027.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	333,677.	337,058.
19 Revenue less expenses. Subtract line 18 from line 12	-184,268.	-82,567.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,943,224.	End of Year 3,014,662.
	21 Total liabilities (Part X, line 26)	61,469.	95,762.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,881,755.	2,918,900.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	PATRICK JAMIESON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name HUGH ELLIOTT	Preparer's signature HUGH ELLIOTT	Date 11/14/22	Check <input type="checkbox"/> if self-employed	PTIN P00723487
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC	Firm's address ▶ 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036	Firm's EIN ▶ 36-2886485	Phone no. 630-665-4440	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 1913 TO AID IN THE NEED OF ITS MEMBERS. PROMOTES FRIENDSHIP AND FELLOWSHIP BETWEEN ITS MEMBERS AND THE OUTDOOR AMUSEMENT INDUSTRY AND PLEDGES TO ASSIST THOSE IN NEED THROUGH ONE OF ITS MANY PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
TUITION AND SCHOOL SUPPLIES - SCHOLARSHIPS GIVEN TO 44 COLLEGE STUDENTS SPONSORED BY A SHOWMAN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
AID TO INDIGENT SHOWMEN - GIVEN TO INDIVIDUAL THAT HAVE A SPECIFIC NEED AND REQUEST HELP FROM THE SLA. THREE INDIVIDUAL RECEIVED AID DURING THE YEAR BASED ON APPROVAL OF THE BOARD.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CHILDRENS CHRISTMAS PARTY - PROVIDED FOR UNDERPRIVILEGED CHILDREN AT THE HANSON SCHOOL IN CHICAGO

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a 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>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part II		X
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	X	
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part 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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 57 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 1b 56		
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?	<input checked="" type="checkbox"/>	
3	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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOHN HANSCHEN - 312-733-9533
1023 W FULTON MARKET, CHICAGO, IL 60607

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CINDY HENNING SECRETARY	40.00	X		X				67,500.	0.	5,400.
(2) BOB THORSON PRESIDENT	10.00	X		X				0.	0.	0.
(3) PATRICK JAMIESON 1ST VICE PRESIDENT	0.50	X		X				0.	0.	0.
(4) MARC JANAS 2ND VICE PRESIDENT	0.50	X		X				0.	0.	0.
(5) BOB JOHNSON 3RD VICE PRESIDENT	0.50	X		X				0.	0.	0.
(6) JOHN HANSCHEN TREASURER	6.00	X		X				0.	0.	0.
(7) GUY LEAVITT TRUSTEE	0.50	X						0.	0.	0.
(8) DEBBIE POWERS TRUSTEE	0.50	X						0.	0.	0.
(9) RON PORTER TRUSTEE	0.50	X						0.	0.	0.
(10) PAUL KASIN TRUSTEE	0.50	X						0.	0.	0.
(11) DALE MERRIAM TRUSTEE	0.50	X						0.	0.	0.
(12) CHRIS ATKINS TRUSTEE	0.50	X						0.	0.	0.
(13) SAM JOHNSTON TRUSTEE	0.50	X						0.	0.	0.
(14) DONNIE MASSIE III TRUSTEE	0.50	X						0.	0.	0.
(15) ANDY SCHOENDIENST TRUSTEE	0.50	X						0.	0.	0.
(16) MARY CHRIS SMITH TRUSTEE	0.50	X						0.	0.	0.
(17) TIMOTHY BISSETTE DIRECTOR	0.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BEVELY BURBACK DIRECTOR	0.50	X						0.	0.	0.
(19) DEAN CORL DIRECTOR	0.50	X						0.	0.	0.
(20) LISA CUMMINGS DIRECTOR	0.50	X						0.	0.	0.
(21) BRAD DALLMAN DIRECTOR	0.50	X						0.	0.	0.
(22) ANDY DEGGELLER DIRECTOR	0.50	X						0.	0.	0.
(23) PATTY GRILLION DIRECTOR	0.50	X						0.	0.	0.
(24) BECKY GUTHRIE DIRECTOR	0.50	X						0.	0.	0.
(25) RICK HANEY DIRECTOR	0.50	X						0.	0.	0.
(26) ANDREW HANSCHEN DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								67,500.	0.	5,400.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								67,500.	0.	5,400.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WENDY HAUSER DIRECTOR	0.50	X						0.	0.	0.
(28) BLAKE HUSTON DIRECTOR	0.50	X						0.	0.	0.
(29) BARRY JAMIESON DIRECTOR	0.50	X						0.	0.	0.
(30) NATE JANOUSEK DIRECTOR	0.50	X						0.	0.	0.
(31) DAVE JAROS DIRECTOR	0.50	X						0.	0.	0.
(32) LARRY MOYERS DIRECTOR	0.50	X						0.	0.	0.
(33) SEAN MAGILL DIRECTOR	0.50	X						0.	0.	0.
(34) PETER KASIN DIRECTOR	0.50	X						0.	0.	0.
(35) STEVE PEGG DIRECTOR	0.50	X						0.	0.	0.
(36) THERESA NOERPER DIRECTOR	0.50	X						0.	0.	0.
(37) BRANDON PETREE DIRECTOR	0.50	X						0.	0.	0.
(38) BEN PICKETT DIRECTOR	0.50	X						0.	0.	0.
(39) AUDREY POOLE DIRECTOR	0.50	X						0.	0.	0.
(40) PAT REPP DIRECTOR	0.50	X						0.	0.	0.
(41) SARA ANN POPE DIRECTOR	0.50	X						0.	0.	0.
(42) LORELEI SCHOENDIENST DIRECTOR	0.50	X						0.	0.	0.
(43) PATRICK SHERIDAN DIRECTOR	0.50	X						0.	0.	0.
(44) HOLLY SWARTZ DIRECTOR	0.50	X						0.	0.	0.
(45) GEORGE TOBIAS DIRECTOR	0.50	X						0.	0.	0.
(46) WAYNE KUNZ PAST PRESIDENT	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	4,000.		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,050.		
	g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f		15,050.		
Program Service Revenue	2 a MEMBERSHIP DUES AND AS	Business Code			
		900099	22,819.	22,819.	
	b EXHIBITOR'S LOUNGE	900099	10,595.	10,595.	
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f		33,414.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		125,319.		125,319.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	6a	(i) Real 37,243.		
	b Less: rental expenses	6b	0.		
	c Rental income or (loss)	6c	37,243.		
	d Net rental income or (loss)		37,243.		37,243.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 138,201.	(ii) Other	
	b Less: cost or other basis and sales expenses	7b	138,201.		
	c Gain or (loss)	7c	0.		
	d Net gain or (loss)		0.		
	8 a Gross income from fundraising events (not including \$ 4,000. of contributions reported on line 1c). See Part IV, line 18	8a	118,578.		
	b Less: direct expenses	8b	82,212.		
	c Net income or (loss) from fundraising events		36,366.		36,366.
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code			
		900099	7,099.	7,099.	
	b				
	c				
	d All other revenue				
e Total. Add lines 11a-11d		7,099.			
12 Total revenue. See instructions		254,491.	40,513.	0.	198,928.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 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	60,000.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	66,667.			
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	72,900.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,464.			
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,265.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,850.			
12 Advertising and promotion				
13 Office expenses	11,019.			
14 Information technology				
15 Royalties				
16 Occupancy	53,828.			
17 Travel	1,461.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,066.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,910.			
23 Insurance	13,031.			
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 MEMORIAL SERVICE	3,647.			
b CHRISTMAS PARTY	950.			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	337,058.			
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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	6,860.	1 120,401.
	2	Savings and temporary cash investments	51,921.	2 45,002.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	4,175.	4 5,890.
	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
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,089,143.	
	10b	Less: accumulated depreciation	340,219.	
	10c		767,334.	10c 748,924.
	11	Investments - publicly traded securities	2,112,934.	11 2,094,445.
	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	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,943,224.	16 3,014,662.	
Liabilities	17	Accounts payable and accrued expenses	39,434.	17 69,259.
	18	Grants payable		18
	19	Deferred revenue	18,035.	19 22,503.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to 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	4,000.	25 4,000.
	26	Total liabilities. Add lines 17 through 25	61,469.	26 95,762.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,881,755.	27 2,918,900.
	28	Net assets with donor restrictions		28
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	Total net assets or fund balances	2,881,755.	32 2,918,900.
33	Total liabilities and net assets/fund balances	2,943,224.	33 3,014,662.	

Part XI 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	254,491.
2	Total expenses (must equal Part IX, column (A), line 25)	2	337,058.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,881,755.
5	Net unrealized gains (losses) on investments	5	119,712.
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	2,918,900.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SHOWMEN'S LEAGUE OF AMERICA Employer identification number 36-1771610

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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 impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 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. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 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)? 9 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.

Part III 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. 1b 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 2 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 Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,000.		89,000.
b Buildings		896,642.	249,628.	647,014.
c Leasehold improvements				
d Equipment		103,501.	90,591.	12,910.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				748,924.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENT DEPOSIT	4,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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.

PART X, LINE 2:

THE LEAGUE FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE LEAGUE IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2018. THE LEAGUE DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

Public Inspection Copy

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BBB (event type)	DINNER (event type)	1 (total number)		
Revenue	1	Gross receipts	76,400.	18,000.	28,178.	122,578.
	2	Less: Contributions	4,000.			4,000.
	3	Gross income (line 1 minus line 2)	72,400.	18,000.	28,178.	118,578.
Direct Expenses	4	Cash prizes	36,641.			36,641.
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		31,478.		31,478.
	8	Entertainment				
	9	Other direct expenses			14,093.	14,093.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				82,212.
	11	Net income summary. Subtract line 10 from line 3, column (d)				36,366.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public
Inspection

Name of the organization

SHOWMEN'S LEAGUE OF AMERICA

Employer identification number
36-1771610

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SLA - ST LOUIS CHAPTER 2311 CHESTNUT STREET ST LOUIS, MO 63103	51-0208428	501(C)10	6,000.	0.			GENERAL ASSISTANCE
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION - 1035 S SEMORAN BLVD #1045 - WINTER PARK, FL 32792	41-1236025	501(C)6	50,000.	0.			G

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	44	66,667.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: MAZLO MITCHELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GRANDSON TO WAYNE KUNZ PAST PRESIDENT

(C) AMOUNT OF GRANT \$ 1,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: DREW MASSIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON TO DONNIE MASSIE, TRUSTEE

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: CARMELA PALMIERI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GRANDDAUGHTER TO GUY LEAVITT TRUSTEE

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: GINO PALMIERI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GRANDSON TO GUY LEAVITT TRUSTEE

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

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Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: SADIE SHUGART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NIECE TO LISA CUMMINGS, BOARD MEMBER

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: JESSICA SWARTZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF HOLLY SWARTZ, BOARD MEMBER

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: MARIAH MERRIAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GRANDDAUGHTER TO DALE MERRIAM TRUSTEE

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: SADIE SHUGART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NIECE TO LISA CUMMINGS, BOARD MEMBER

(C) AMOUNT OF GRANT \$ 2,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: SUMMER MCDANIEL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NIECE TO VICE PRESIDENT NATE JANOUSEK, BOARD MEMBER

(C) AMOUNT OF GRANT \$ 1,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

(A) NAME OF PERSON: JUSTIN LUEHRS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COUSIN TO TRUSTEE MARY CHRIS SMITH

(C) AMOUNT OF GRANT \$ 1,000.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization SHOWMEN'S LEAGUE OF AMERICA	Employer identification number 36-1771610
--	---

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING HAVE FAMILY RELATIONSHIPS:

PAUL KASIN

JOHN HANSCHEN

JEAN CLAIR

PETER KASIN

BRANDON PETREE

ANDY SCHOENDIENST

LORELEI SCHOENDIENST

CHRIS ATKINS

TOM ATKINS

MARY CHRIS SMITH

BOB THORSON

BILL JOHNSON

MARY JOHNSON

RON BURBACK

BEVERLY BURBACK

DEBBIE POWERS

MIKE FEATHERSON

TIMOTHY BISSETTE

LISA CUMMINGS

BARRY JAMIESON

PATRICK JAMIESON

MARC JANAS

GUY LEAVITT

BEN PICKETT

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Schedule O (Form 990) 2021

132211 11-11-21

Public Inspection Copy

Name of the organization SHOWMEN'S LEAGUE OF AMERICA	Employer identification number 36-1771610
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DEAN CORL

ANDREW HANSCHEN

CINDY HENNING

NATE JANOUSEK

LARRY MOYERS

TOM DAVIS

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

A COPY OF FORM 990 IS SHARED WITH THE PRESIDENT AND OTHER MEMBERS OF THE BOARD AFTER THE RETURN HAS BEEN FILED.

FORM 990, PART VI, SECTION C, LINE 19:

A HARD COPY IS ON DISPLAY FOR ANYONE TO VIEW AT OUR HEADQUARTERS AND IT'S ALSO POSTED ON OUR WEBSITE HERE: [HTTP://SHOWMENSLEAGUE.ORG/ABOUT|US/](http://SHOWMENSLEAGUE.ORG/ABOUT|US/).

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES	5,850.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,850.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING	VARIOUS	SL	.000		16	896,642.				896,642.	225,378.		24,250.	249,628.
	* 990 PAGE 10 TOTAL BUILDINGS						896,642.				896,642.	225,378.		24,250.	249,628.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	VARIOUS	SL	.000		16	30,361.				30,361.	30,356.		0.	30,356.
4	BURIAL LOTS	VARIOUS	SL	.000		16	35,638.				35,638.	35,638.		0.	35,638.
5	MONUMENTS	VARIOUS	SL	.000		16	4,200.				4,200.	4,200.		0.	4,200.
6	MEMORIAL PLAQUE	VARIOUS	SL	.000		16	23,802.				23,802.	16,737.		3,502.	20,239.
7	MOBILE EXHIBIT	VARIOUS	SL	.000		16	9,500.				9,500.			158.	158.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						103,501.				103,501.	86,931.		3,660.	90,591.
	LAND														
1	LAND	VARIOUS	L				89,000.				89,000.			0.	
	* 990 PAGE 10 TOTAL LAND						89,000.				89,000.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,089,143.				1,089,143.	312,309.		27,910.	340,219.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone