EXTENSION FILED -

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

2011

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

ΑI	For the	2011 calendar year, or tax year beginning Tuly 1, 2011, and ending	JUNE	30,20/2
	Check if ap			ification number
_	Address ci		- 605	1879
	Name char		one num	
$\overline{}$	initial retur	I 7/4 KF/LEV KOM) I 1701	32	4-3889
7	Terminated	L City or town, state or country, and ZIP + 4	p Exemp	
=	Amended : Application	$1 \wedge 1 - 1 \wedge 1 + 1 \wedge 1 \wedge$	ber 🕨	
_			· 🗆 If ti	ne organization is not
	Websit			h Schedule B
				Z, or 990-PF).
_	Check ▶		gross r	eceipts are normally
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be req		
		nization chooses to file a return, be sure to file a complete return.	•	•
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	148.366
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions fo	
	CITET	Check if the organization used Schedule O to respond to any question in this Part I		
_	1	Contributions, gifts, grants, and similar amounts received	1 [23.034
	2	Program service revenue including government fees and contracts	2	114.648
	3	Membership dues and assessments	3	10,600
	4	Investment income	4	84
	5a	Gross amount from sale of assets other than inventory	34.5	
	I	Less: cost or other basis and sales expenses	r ,-:-	
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	.	
	1 -	Gross income from gaming (attach Schedule G if greater than		
9	а	\$15,000)		
Revenue		Gross income from fundraising events (not including \$ of contributions		•
Š	p	from fundralsing events reported on line 1) (attach Schedule G if the		
Œ	1	sum of such gross income and contributions exceeds \$15,000) 6b		
	1 .	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	"	line 6c)	6d	
	70	Gross sales of inventory, less returns and allowances	14.2	
	7a	Less: cost of goods sold		
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	148,366
	10	Grants and similar amounts paid (list in Schedule O)	10	
	111	Benefits paid to or for members	11	
en	1	Salaries, other compensation, and employee benefits	12	13.071
9	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	41,246
Expenses	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	79.443
	17	Total expenses. Add lines 10 through 16	17	/33,760
_	10	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14.606
-	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
93	{ '°	end-of-year figure reported on prior year's return)	19	154.146
Not Accete	5	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ž	20	Net assets or fund balances at end of year. Combine lines 18 through 20	21	168,752
_	21	Net assets or fund balances at end of year. Combine lines to through zo	!-	c 000-E7 mas

Part	Balance Sheets. (see the instructions t				N		EDV.
	Check if the organization used Schedule	O to respond	to an		Art II (A) Beginning of year		(B) End of year
				<u> -</u> -		<u> </u>	
22	Cash, savings, and investments		• •	-		22 23	<u>96,205</u> 71.047
23	Land and buildings		• •	-		23 24	1,500
24	<u>-</u>		• •	· · · · · }-	7000	25	168,752
25	Total assets			· · · · ·		26	-0-
26 27	Net assets or fund balances (line 27 of column					27	168.752
Part							•
1 (3) 1	Check if the organization used Schedule					/Down	Expenses uited for section
What	is the organization's primary exempt purpose? 72						c)(3) and 501(c)(4)
	ibe the organization's program service accomplis						nizations and section
as m	easured by expenses. In a clear and concise man	anner, describ	e the	services provided	, the number of		(a)(1) trusts; optional thers.)
perso	ns benefited, and other relevant information for ea	ch program titl	le.				
28	PROVIDE A LEARNING ENVIRONMENT F	OR LOCAL	DUPL	ICATE BRIDGE	CLUBS:		
•	TEACH + PROMOTE DUPLICATE BRIDGE	Bu HOSTI	NG 1	LOCAL AND RE	GIONAL		
	BRIDGE TOURNAMENTS FOR APPROX	2000	PAR	TICIPANTS			
	(Grants \$) If this amount	includes foreig	n gra	nts, check here .	▶ □	28a	74,769
29				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********		l l
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************		ſ
	(Grants \$) If this amount	includes foreig	ın gra	nts, check here .	<u> ▶ Ц.</u>	29a	
30					************		
,							1
	***************************************					20-]
				nts, check here .		30a	
	Other program services (describe in Schedule O)				1	31a	
				nts, check here .		Ì	
~~	Total progress comics expenses (add lines 28s t	hrough 31al			• ·	132	1 /47/4
_	Total program service expenses (add lines 28a t	hrough 31a) .	et eac	h one even if not con	nnersated (see the i	32	
32 Part	List of Officers, Directors, Trustees, and Key	Employees. Li	st eac	h one even if not con	pensated. (see the i		
_	Total program service expenses (add lines 28a t Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees. Li O to respond	st eac to ar	h one even if not com ny question in this (c) Reportable	pensated. (see the in Part IV	nstru	ctions for Part IV.)
_	List of Officers, Directors, Trustees, and Key	Employees. Li O to respond (b) Title and ave hours per we	st eac to ar erage ek	h one even if not com ny question in this (c) Reportable compensation	pensated. (see the in Part IV	nstru	ctions for Part IV.)
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Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address HAEL MCGUIRE	Employees. U O to respond (b) Title and ave hours per we devoted to pos	st eac I to ar erage lek sition	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	pensated. (see the in Part IV	nstru	ctions for Part IV.) Estimated amount of
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Mud 91	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address HAEL McGUIRE 2 KELLEY RD, MEMPHIS, 7N 38///	Employees. U O to respond (b) Title and ave hours per we devoted to pos	st eac I to ar erage ek ek ek ek	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the in Part IV	nstru	Estimated amount of other compensation
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	in th Part	e V	П
	Instructions for Part V.) Check if the organization used ochecule of to isspend to any question in the	-	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
_	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0 -	275		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		X W X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		369	
a b	Gross receipts, included on line 9, for public use of club facilities			vie (d K.h.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N	ia) Ia
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	Tells v	X
41	List the states with which a copy of this return is filed. ► NoNE			200
42a	The organization's books are in care of ► <u>MICHAEL MCGUIRE</u> Telephone no. ► 90/		1-20 662	
b	Little of the land of the consensation have an interest in or a signature or other authority over	42b	Yes	
	If "Vee " enter the name of the foreign country.	်က် (၂၆)		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, i	(4). k	×
C	If "Yes " enter the name of the foreign country: ▶	420	<u>;</u>	▶ [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	446	(E 2	X
b	completed instead of Form 990-EZ	441		×
c d	explanation in Schedule O	44	d d	X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a	X
45b	to a support from an apparation with a controlled entiry Within the	AE		را

Page	4

46	Did the	o organization engage, directly or in adidates for public office? If "Yes," (ndirectly, in political complete Schedule C	ampaign activities on	behalf of or	in opposit	ion 46 X
Part	VI S	Section 501(c)(3) organizations 501(c)(3) organizations and section 52, and complete the tables Check if the organization used Sci	and section 4947 on 4947(a)(1) nonex for lines 50 and 51	(a)(1) nonexempt c tempt charitable tru	haritable sts must a	trusts on	ly. All section estions 47–49b
47 48 49a b 50	year? Is the Did the If "Yes Comp	e organization engage in lobbying if "Yes," complete Schedule C, Par organization a school as described in e organization make any transfers to," was the related organization a selete this table for the organization's yees) who each received more than	t II		Schedule E tation?	cers, direct	. 47 48 49a 49b tors, trustees and key
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans, comper	to employee and deferred	(e) Estimated amount of other compensation
						<u>_,</u>	
1	Total	number of other employees paid ov	rer \$100.000	. ▶	L.		
51	Comr	plete this table for the organization 000 of compensation from the orga	's five highest compa	ensated independent	contractors	s who eac	h received more than
(a)) Name a	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice	(0	e) Compensation
			••••	-	<u> </u>		
	•••••			-			
				1			
d		number of other independent contr					
52	none	ne organization complete Schedule xempt charitable trusts must attach	a completed Schedu	<u>le A</u>	· · ·		► ☐ Yes ☐ No
Under	penalties orrect. ar	of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha	return, including accompa- an officer) is based on all inf	nying schedules and statem ormation of which preparer	ents, and to th has any knowl	e best of my i edge.	knowledge and belief, it is
Sign	,	Signature of officer MICHAEL McGu			Da	2/1	4/13
Paid	_	Type or print name and title Print/Type preparer's name	Preparer's signature	D	ate	Check C	
	parer	Firm's name			Fir	m's EIN ▶	
	Only	Firm's address ▶			Pt	none no.	
May	the IRS	discuss this return with the prepare	er shown above? See	instructions			► ☐ Yes ☐ No

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.

OMB No. 1545-0047

2011

Employer identification number

TENN. BRIDGE ASSOCIATION 62-6051879 Section: Filers of: **⊠** 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

TENN. BRIDGE ASSOCIATION

Employer identification number
62-605/879

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	CHALLENGER CORPORATION 5100 POPLAR AVE. SWITE 1410 MEMPHIS, TN 38137	\$ <i>10,000</i>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)						
(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						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

me of the organization		Employer identification number
TENN. BRIDGE ASSOCIATION		62-6051879
PART I - LINE 16 OTHER EXPENSES:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PROGRAM SERVICE EXPENSES:		
TOURNAMENTS	[‡] 6;	2,597
Supplies		5,617
ACBL NATIONAL & DISTRICT FEES		, 555
TOTAL PROGRAM SERVICE EXP		7,769
OFFICE + MISC. EXPENSE		-674
TOTOL LINE 16		?, 44 3
ART II - LINE 24 OTHER ASSETS:		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	BEG. OF YR	END OF YR
DEPOSITS	\$ 2000	\$ 1500
***************************************		
		·
·		***************************************
	***************************************	
	440444	***************************************
		•••••
	,	

## EXTENSION FILED -

Form 990-EZ

## **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities 201**2** 

OMB No. 1545-1150

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 Department of the Treasury at the end of the year may use this form. Internal Revenue Service

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements TULY / , 2012, and ending TUNE 30 ,20/3 A For the 2012 calendar year, or tax year beginning D Employer Identification number C Name of organization B Check if applicable: *62-6051879* Address change TENNESSEE RIDGE ASSOCIATION Room/suite Number and street (or P.O. box, if mail is not delivered to street address) Name change Telephone number Initial return KELLEY ROAD 901-324-3889 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return MEMPHIS, TA Number ▶ 38/11-6621 Application pending G Accounting Method: X Cash ☐ Accrual Other (specify) ▶ H Check ► M if the organization is not TNBRIDGE 144. COM required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ☐ 501(c)(3) 🔀 501(c) ( 7 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . . . 1 2 2 Program service revenue including government fees and contracts 3 3 Gross amount from sale of assets other than inventory . . . 5a 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events 製を製 Gross income from garning (attach Schedule G if greater than of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . . 6b вс Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 9 143.984 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . 10 11 11 Benefits paid to or for members . . . . . . . 12 12.993 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors . 13 14 50,750 14 15 2,400 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 66,241 16 16 32,384 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . 18 11.600 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 168,752 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

21

Pa	Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		(B) End of year
22	Cash, savings, and investments			96,205	22	
23	Land and buildings		: : : : : <b>:</b>	71,047	23	105,412 73,940
24	Other assets (describe in Schedule O)			1,500	24	1,000
25	Total assets			168,752	25	180,352
26	Total liabilities (describe in Schedule O)		[	-0-	26	-0-
27	Net assets or fund balances (line 27 of column			168,752	27	180,352
Par						Expenses
14/2-	Check if the organization used Schedule	O to respond to a	ny question in this	Part III		uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	ribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th	of its three largest per services provided	rogram services, I, the number of	4947	(a)(1) trusts; optional thers.)
7	PROVIDE A LEARNING ENTRONMENT EACH AND PROMOTE DUPLICATE BR PLOGE TOURNAMENTS FOR APPRO (Grants \$ ) If this amount	IDGE BY HOSTI KIMATELY ZOX	NO LOCAL AND	) REGIONAL ITS	28a	59,030
29						
	***************************************			•••••		1
	(O		*******************			ļ
30	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	
30	***************************************	***************************************				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************	•••••••			
	(Grants \$) If this amount	includes foreign gra	ents, check here .	• 🗂	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	Includes foreign gra	ints, check here .	▶□	31a	
	Total program service expenses (add lines 28a				32	59,030
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				tructi	ions for Part IV)
	Check ii the organization used ochequie	(b) Average	(c) Reportable	(d) Health benefits.		· · · · <u>⊔</u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	ot	Estimated amount of ther compensation
MI	HAEL MCGULRE MANAGER				1	_
		20 HAS	12,000	-0-		-0-
LAR	RY ALEXANDER <u>Pres 1 Trens.</u>	5 HRS	-0-	-0-	1	-0-
(A	Y RODGERS V. PRES	3 77.23			+	-
. 4.1 .11	\$X\\X\\X\\X\\\ZX\\\Z\\\Z\\\Z\\\	5 HRS	-0-	-0-	1	-0-
Tu	OY KNOX SECRETARY				1	
	•	5 HRS	-0-	-0 -	<u> </u>	-0-
	CILE SKAGGS DIRECTOR	< 5 HRS	-0-	-0-	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	-0 -
	M DIXON DIRECTOR	4 5 HRS	-0 -	-0-	ļ	-0-
El	DAVIS DIRECTOR	< 5 HAS	-0-	-0-	_	-0-
•••••	••••••••••••				_	

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	168	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ϊ́
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	200	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	rus (riches)	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	£ 1		1
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		メ
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ MICHAEL MCGUIRE Telephone no. ▶ 901			
ā	Located at ► 912 KELLEY ROAD MEMPHIS, TN ZIP+4 ► 3	3///-	662	
þ	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)?	42b	Yes	No 火
	If "Yes," enter the name of the foreign country: ▶	7500	(A) (S.41)	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	453	X
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

Form 990-EZ (2012	

D	A
-чи	-

									Ye	s No
46	Did t	he organization engage, directly or in	ndirectly, in political o	ampaign activities	on bel	half of o	r in opposi	tion 🎇		
		ndidates for public office? If "Yes," of		, Part I	• •			<u>· 4</u>	16	X
Part V	71	Section 501(c)(3) organizations								
		All section 501(c)(3) organization	s must answer que	estions 47–49b an	id 52,	and co	mplete th	e table	s for li	nes
		50 and 51			- 44-1-	5				_
		Check if the organization used Sci	nedule O to respond	to any question in	n this	Part VI				- L
47	D:4 r	ha asaasiaattaa asaasa ta labbiisaa		analisa COM/Is\ alaa	. A.T		A		Ye	s No
		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(n) elec	tion in	і епест	auring the		1	
	•	•		2014 434 21				_	47	 -
		organization a school as described in						_	48	
		he organization make any transfers to s," was the related organization a se	•	•					9a	
		s, was the related organization a se plete this table for the organization's							9b	and key
	emple	oyees) who each received more than	s live highest compen s \$100 000 of compen	neation from the or	naniza	tion If th	sers, ullec sere is non	iois, iiu e enter	siees c	ıııu key
	<u>р</u> .	5/555/ WHO 625H 1555H 1675 WAS		1		(d) Health		o, enter		·-
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	сог	ntributions	to employee		nated am	
		pald more than \$100,000	devoted to position	(Forms W-2/1099-MIS	C) ben	efit plans, comper	and deferred	other	compens	iation
			· · · · · · · · · · · · · · · · · · ·				10411071			
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				<u> </u>	+					

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********		••••••••••••••		[-					
f ·	Total	number of other employees paid over	er \$100 000	<u> </u>						
		plete this table for the organization			nt con	tractore	who ascl	receiu	ed mo	ra than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."		iti açtora	WIIO Caci	i ieceiv	80 1110	, e man
(8) N	iame a	nd address of each independent contractor pal	more than \$100,000	(b) Type of s	ervice		(C	Compen	sation	
]						
				1		ļ				
						ĺ				
						ļ				
•••••		•••••								
ď ·	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶_					
		ne organization complete Schedule A			ns and	d 4947(a)(1)			
	none	kempt charitable trusts must attach a	a completed Schedul	eA	<u> </u>		• • •	<u>▶ 🗆 Y</u>	es 🔲	No
		of perjury, I declare that I have examined this r						owledge	and belie	if, it is
true, come	ect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has a	ny knowie	age.			
0:	- 1)					2/15	///		
Sign		Signature of officer				Date	• '			
Here		MICHAEL MCGUI	RE, MANAG	EK						
	L,	Type or print name and title	In	· · · · · · · · · · · · · · · · · · ·	Oot:		1 -	1 ~~		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check		N	
Prepa	rer	-	<u> </u>				self-emplo	yed		
Use O		Firm's name ▶				Firm	's EIN 🕨			
		Firm's address ▶		4		Pho	ne no.			
May the	ıRS	discuss this return with the preparer	⊤s⊓own above? See i	nstructions		<u> </u>		- ⊔ Y	es 📙	No

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ne of the organization TENNESSEE BRIDGE ASSOCIATION	62-6051879
PART I - LINE 16 OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES:	
TOURNAMENTS	[‡] 42,101
SUPPLIES	8,042
ACBL NATIONAL É DISTRICT FEES	8,887
TOTAL PROGRAM SERVICE EXPEN	ISE 59,030
OFFICE & MISC. EXPENSES	7, 2/1
TOTAL LINE 16	\$ 66,241

PART II - LINE 24 OTHER ASSETS:	
	BEG. OF YEAR END OF YEAR
DEPOSITS	\$ 1,500 \$1,000