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 private foundations)

OMB No. 1545-1150 **2017**

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

<u>A</u>	For the	e 2017 calend	ar year, or tax year beginning $07/01/17$, and ending $06/30/18$			
B □		neck if applicable: C Name of organization		D Emplo	yer identification number	
Н		· · · · · · · · · · · · · · · · · · ·				-6051879
Н	Initial retu	-	TENNESSEE BRIDGE ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) Ro	oom/suite		
Н		urn/terminated	•	none number 1-737-8087		
Н	Amended		912 KELLEY RD City or town, state or province, country, and ZIP or foreign postal code			
Н		on pending	MEMPHIS TN 38111-6621			Exemption
ᆜ				11.00		er u
G		nting Method:	X Cash Accrual Other (specify) u	•	_	if the organization is not
١.			RIDGE144.COM	· '		ch Schedule B
<u>J</u>			neck only one) 501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1) or 527	(Form	990, 990)-EZ, or 990-PF).
		of organization:				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		•	112 062
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			
r	Part I		ue, Expenses, and Changes in Net Assets or Fund Balances (set if the organization used Schedule O to respond to any question in this Part			
	1		gifts, grants, and similar amounts received			<u>=</u>
	2	Program sen	vice revenue including government fees and contracts		2	89,510
	3					03,320
	4		dues and assessments		4	99
	5a		nt from sale of assets other than inventory 5a 5a		7	
	b		other basis and sales expenses 5b		-	
		Gain or (loss)	5c			
	6 6	Gaming and	30			
	1	Ū				
4	а		e from gaming (attach Schedule G if greater than			
Revenue	h		6a		- 1	
e	b		e from fundraising events (not including \$ of contributions			
Ř			ing events reported on line 1) (attach Schedule G if the cross income and contributions exceeds \$15.000)	24,25	2	
			J	24,25	-	
	C		expenses from gaming and fundraising events 6c 6c		-	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		6-1	24,253
	7.0		of inventory, less returns and allowances		6d	24,233
	7a		**		-	
	b	Creat cost of	goods sold 7b			
	8 8		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8	
			te (describe in Schedule O)			113,862
	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>/</u>	10	113,002
	11		to or for members		11	
	12	Solorios othe	to or for members			
es		Drofossional	er compensation, and employee benefits		13	
eus	13		Professional fees and other payments to independent contractors			
Expenses	14 15	Drinting nub	rent, utilities, and maintenance	14 15	1,025	
_		Other expens	lications, postage, and shipping		16	105,558
	16	Total expens	ses (describe in Schedule O)			106,583
	17		ses. Add lines 10 through 16			7,279
ţ	18		eficit) for the year (Subtract line 17 from line 9)		18	1,213
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with				34,394
Ą	20	Other shares	igure reported on prior year's return)			34,334
Net	20		es in net assets or fund balances (explain in Schedule O)		20	41,673
	21	inet assets o	r fund balances at end of year. Combine lines 18 through 20	<u></u>	21	41,0/3

For Paperwork Reduction Act Notice, see the separate instructions.

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Page 2

A Beginning of year C B End of year C C C C C C C C C	Part II	Balance Sheets (see the instructions for F Check if the organization used Schedule O to	,	guestion in this Part	II		П
22 Cash, savings, and investments 34,394 22 41,67. 23 Land and buildings 0 23 24 10 Cher assets (describe in Schedule O) 24 25 Total assets 34,394 25 41,67. 26 Total flabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 34,394 25 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 34,394 27 28 Total flabilities (describe in Schedule O) 26 29 Net assets or fund balances (line 27 of column (B) must agree with line 21) 34,394 27 27 41,67 Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Chock in the organization dood contours of	o recpend to any			<u> </u>	
23 Land and buildings	22 Cash say	ings and investments			<u> </u>	22	-
24 Other assets (describe in Schedule O) 25 Total assets 27 Total fabilities (describe in Schedule O) 28 Total fabilities (describe in Schedule O) 29 Test statement of Program Service Accomplishments (see the instructions for Part III) 34,394 27 41,67 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Describe the organizations primary evemtp turpose? TO TEACH AND PROMOTE DEPUTICATE BRIDGE IN TENNESSEE What is the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a dear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 FROYIDED A LEARNING ENVIRONMENT FOR LOCAL DUPLICATE BRIDGE CLUBS AND PLATERS, TAUGHT AND PROMOTED DUPLICATE BRIDGE SY HOSTING LOCAL AND REGIONAL BRIDGE TOURNAMENTS FOR APPROXIMATELY 2,000 PARTICIPANTS. (Grants S) If this amount includes foreign grants, check here u 23a 10 Other program services (describe in Schedule O) (Grants S) If this amount includes foreign grants, check here u 31a 27 Total program service expenses (add lines 28a through 51a) (a) Name and title bridge and title accomplishments for the program service expenses (add lines 28a through 51a) Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in the Part Reposable Compensation with the program service expenses (add lines 28a through 51a) Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in the Part Reposable Compensation of the Compensation of the Part IV) Check if the organization used Schedule O to respond to any question		Long College and the College a					, , , , , , , , , , , , , , , , , , ,
25 Total assets or fund balances (line 27 of column (B) must agree with line 21)					0		
26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (ine 27 of column (S)) must agree with line 21). 28 Total liabilities (describe in Schedule O) 29 Total liabilities (describe in Schedule O) 20 Total liabilities (describe in Schedule O) 20 Total liabilities (describe in Schedule O) 20 Total liabilities (describe in Schedule O) 21 Total liabilities (describe in Schedule O) 22 Total liabilities (describe in Schedule O) 23 Total liabilities (describe in Schedule O) 24 Total liabilities (describe in Schedule O) 25 Total liabilities (describe in Schedule O) 26 Total liabilities (describe in Schedule O) 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (ine 27 of column (S)) must agree with line 21) 28 Check if the organization used Schedule O) 28 PROVIDED A LEARNING INVIKKONGENT FOR LOCAL DUPLICATE RIDGE CLUBS AND 29 PLAYERS; TANGHT AND PROMOTED DUPLICATE BRIDGE BY HOSTING LOCAL AND REGIONAL 28 BRIDGE TOURNAMENTS FOR APPROXIMATELY 2,000 PARTICIPANTS. (Grants \$) If this amount includes foreign grants, check here u 29a 100 ,69: 29		-1-			34,394		41,673
27 Net assets or fund balances (line 27 of column (8)) must agree with line 21). 34, 394 27 41,67							0
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(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation of their compensation of thei	Part IV	List of Officers, Directors, Trustees, and Key En	nployees (list each	one even if not compensa	ated — see the in	struction	s for Part IV)
(a) Name and title hours per week devoted to position EARBARA JOHNSON PRESIDENT DIVICE PRESIDENT TREASURER TREASURER DIVICE SMART TOM EBERS DIRECTOR TOLIVER MCKINNEY (a) Name and title hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (if not paid, en		Check if the organization used Schedule O to respon		(c) Reportable			
BARBARA JOHNSON		(a) Name and title	hours per week	compensation	contributions to e	employee	
PRESIDENT 10.00 0 0 ED DAVIS 10.00 0 0 VICE PRESIDENT 10.00 0 0 LEE SMART 10.00 0 0 JUDY KNOX 0 0 0 SECRETARY 10.00 0 0 TOM EBERS 0 0 0 DIRECTOR 5.00 0 0 TOLIVER MCKINNEY 0 0 0			devoted to position	(if not paid, enter -0-)	deferred compe	ensation	other compensation
ED DAVIS	BARBARA	JOHNSON					
VICE PRESIDENT 10.00 0 0 LEE SMART 10.00 0 0 TREASURER 10.00 0 0 JUDY KNOX SECRETARY 10.00 0 0 TOM EBERS DIRECTOR 5.00 0 0 TOLIVER MCKINNEY 5.00 0 0 0	PRESIDE	NT	10.00	0		0	O
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DIRECTOR 5.00 0 0 TOLIVER MCKINNEY			10.00	0			
TOLIVER MCKINNEY			F 00			•	
			5.00	0		U	0
DIRECTOR 5.00 0 0						_	_
	DIRECTO	R	5.00	0		0	0
	-						

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Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			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		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		X
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		X
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		
С	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a			
b	Did the organization file Form 1120-POL for this year?	37b		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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9)		
b	Gross receipts, included on line 9, for public use of club facilities 39b)		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 u ; section 4912 u ; section 4955 u			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 u			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization u			
е	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		х
41	List the states with which a copy of this return is filed u NONE			
42a		1-27	7-9	671
	3216 CLARION LANE			
		119		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1	X
	If "Yes," enter the name of the foreign country: u			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country: u			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			\mathbf{u}
	and enter the amount of tax-exempt interest received or accrued during the tax year u 43			_
			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		х
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		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	. 40		
u	explanation in Schedule O	44d	L	
45a	Did the experiencian have a controlled antity within the magning of continue \$40(h)/42/2	45a		x
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	+Ja		
IJ	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		х
	TOTHE SOULE (SEE HISHUGIOID)	1430	1	

						г	Ye	es No
	the organization engage, directly or indirectly, in political care distance for public office? If (Vac.), according to the organization of the org						40	7
Part V	andidates for public office? If "Yes," complete Schedule C,	Part I					46	<u> </u>
Part V	Section 501(c)(3) organizations only All section 501(c)(3) organizations must ans	swer auestions 47	′–49b and 52. a	nd complete the	e tables for	lines		
	50 and 51.	•		•				
	Check if the organization used Schedule O	to respond to any	question in this	Part VI		· · · · · · · · · · · ·		<u> Ц</u>
47 Did	the organization engage in lobbying activities or have a se	ction 501(h) election	in effect during the	e tax		_	Ye	es No
	r? If "Yes," complete Schedule C, Part II	,	g are				47	
,	ne organization a school as described in section 170(b)(1)((A)(ii)? If "Yes," comp	olete Schedule E				48	
49a Did	the organization make any transfers to an exempt non-cha	aritable related organ	ization?			[49a	
	es," was the related organization a section 527 organization	· · · ·					49b	
	nplete this table for the organization's five highest compensation				-			
emp	ployees) who each received more than \$100,000 of compe							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-	contribution	th benefits, s to employee plans, and compensation		timated ar er comper	
f Tota	al number of other employees paid over \$100,000		•	I				
	nplete this table for the organization's five highest compens	sated independent co		n received more th	an			
\$100	0,000 of compensation from the organization. If there is no	one, enter "None."						
	(a) Name and business address of each independent co	ntractor		(b) Type of service		(c) C	Compensa	tion
d Tota	al number of other independent contractors each receiving	over \$100,000	>					
	the organization complete Schedule A? Note: All section pleted Schedule A	()())	· 🗆	Yes	No
	alties of perjury, I declare that I have examined this return, inclut, and complete. Declaration of preparer (other than officer) is by				t of my knowled	dge and	belief, it i	S
Sian								
Sign Here	Signature of officer LEE SMART		TREAS	Date SURER				
11010	Type or print name and title							
	Print/Type preparer's name Pr	reparer's signature		Date	Check		PTIN	
Paid	DOROTHY SMITH, CPA	ROTHY SMITH, C	PA	05/	I	mployed	P00294	:323
Preparer		PAS			Firm's EIN }	62	-1619	
Use Only	Firm's address } 165 N MAIN STREET COLLIERVILLE, TN	SUITE 10 38017-26	-		Phone no. 9	01-8	350-2	241
May the I	RS discuss this return with the preparer shown above? Se		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			X Yes	No
						Forn	990-E	Z (2017)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

U Attach to Form 990 or Form 990-EZ. ${f u}$ Go to <code>www.irs.gov/Form990</code> for the latest instructions.

Open to Public

TENNESSEE BRIDGE A	SSOCIATIO	N			62-60518	
Part I Fundraising Activities. Complete if				ered "Yes" on Form	990, Part IV, line	e 17.
Form 990-EZ filers are not required t				al. all that apply		
1 Indicate whether the organization raised funds through any						
a Mail solicitations			-	rnment grants		
b Internet and email solicitations	Solicitation			-		
c Phone solicitations	g Special fund	araisin	ig eve	ents		
d In-person solicitations	any individual (ind	udina	offico	re directore trustoce		
 2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in the big ff "Yes," list the 10 highest paid individuals or entities (fund 	connection with pro	ofessio	nal fu	ndraising services?		Yes No
compensated at least \$5,000 by the organization.	raissis, parsaani i		d fund-	I I		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	have have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						_
•						
4						
5						
6						
7						
,						
8						
9						
0						
Total						
3 List all states in which the organization is registered or licer		ibution	ns or h	L	empt from	
registration or licensing.	issu to solicit conti		.5 51 1	THE SOUTH HOUSING IN IS EX	ompt nom	

Schedule G (Form 990 or 990-EZ) 2017 TENNESSEE BRIDGE ASSOCIATION 62-6051879 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 g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUNDRAISING		NONE	(add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	24,253			24,253
	2	Less: Contributions				
	3	Gross income (line 1 minus	04.050			04 0-0
		line 2)	24,253			24,253
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
Ë		Entertainment				
	9	Other direct expenses				
	10	Direct expense summary.	Add lines 4 through 9 in column (d)		•	
	11	Net income summary. Sub	tract line 10 from line 3, column (d)		>	24,253
P	art		plete if the organization answ	vered "Yes" on Form 990,	Part IV, line 19, or repo	orted more
		tnan \$15,000 c	n Form 990-EZ, line 6a.	(h) Dull toholingtont		(d) Total garaina (add
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
=			(a) Dirigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
even			(a) Diligo	bingo/progressive bingo	(c) Other garning	
Revenue	1	Gross revenue	(a) Unigo	bingo/progressive bingo	(c) Onler gaming	
Reveni			(a) Singo	bingo/progressive bingo	(c) Onler garring	
	2	Cash prizes	(a) Unigo	bingo/progressive bingo	(c) Onler gaming	
Expenses	2		(a) Unigo	bingo/progressive bingo	(c) Onler gaming	
	2	Cash prizes	(a) Unigo	bingo/progressive bingo	(c) Onler gaming	
ct Expenses	3 4	Cash prizes Noncash prizes	(a) Unigo	bingo/progressive bingo	(c) Onler garring	
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	bingo/progressive bingo Yes % No	Yes % No	
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	Yes %	Yes % No	
ct Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Yes%	Yes % No	Yes % No	
ct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A	Yes	Yes % No	Yes % No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the	Yes % No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming activities	Yes % No in (d)	Yes % No	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 Entites the state of the state	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the	Yes	Yes % No in (d)	Yes % No	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 Entites the state of the state	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the the organization licensed to the	Yes % No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming activities	Yes % No in (d)	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entitle if "Is to the control of the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the the organization licensed to a No," explain:	Yes % No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming activities	Yes % No In (d) es: hese states?	Yes % No	col. (a) through col. (c))

<u>Sche</u>	dule G (Form 990 or 990-EZ) 2017	TENNESSEE	BRIDGE	ASSOCIATION	62-6051879	Page 3
11	Does the organization conduct gaming a	ctivities with nonmemb	pers?			Yes No
12	Is the organization a grantor, beneficiary of					
	formed to administer charitable gaming?					Yes No
13	Indicate the percentage of gaming activity	y conducted in:				
а	The organization's facility				13a	%
b	An outside facility					%
14	Enter the name and address of the person	on who prepares the c	organization's ga	aming/special events books a	and	
	records:					
	Name u					
	Address u					
15a	Does the organization have a contract with revenue?		•	• •		Yes No
b	If "Yes," enter the amount of gaming reve				and the	res NO
b	amount of gaming revenue retained by the				and the	
	If "Yes," enter name and address of the t		·			
·	ii res, enter name and address of the t	rilid party.				
	Name u					
	Address u					
16	Gaming manager information:					
	Name u					
	Gaming manager compensation u \$					
	Description of services provided ${f u}$					
	Director/officer Emp	loyee	Independent	contractor		
17	Mandatory distributions:					
а	Is the organization required under state la	aw to make charitable	distributions fro	om the gaming proceeds to		
	retain the state gaming license?					Yes No
b	Enter the amount of distributions required	under state law to be	e distributed to	other exempt organizations of	or	
	spent in the organization's own exempt a	ctivities during the tax	year u \$			
Par					line 2b, columns (iii) and (
		15b, 15c, 16, a	nd 17b, as a	applicable. Also provid	de any additional information	n.
	See instructions.					

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information. Name of the organization

Inspection Employer identification number

TENNESSEE BRIDGI		62-6051879					
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES							
DESCRIPTION		AMOUNT					
EXPENSES							
BRIDGE TOURNAMENTS	\$	98,024					
YOUTH BRIDGE PROGRAM	\$	2,674					
MEETINGS	\$	2,096					
MISCELLANEOUS	\$	1,500					
WEBSITE	\$	1,264					
	TOTAL \$	105,558					