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 **2018**

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.

For the 2018 calendar year, or tax year beginning 07/01/18 , and ending Check if applicable: D Employer identification number C Name of organization Address change 62-6051879 Name change TENNESSEE BRIDGE ASSOCIATION Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number 901-737-8087 8180 SEDGWICK WAY Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending **MEMPHIS** TN 38125-1058 Number **u** X Cash Accrual Other (specify) u Check **u** | **X** | if the organization is **not** Accounting Method: TNBRIDGE144.COM required to attach Schedule B Website: Tax-exempt status (check only one) — 501(c)(3) X = 501(c)(Form 990, 990-EZ, or 990-PF). Trust X Corporation Association Other Form of organization: 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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 87,584 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 1 $59,5\overline{49}$ Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 66 4 5a Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 27,969 Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 27,969 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с С Other revenue (describe in Schedule O) 8 8 87,584 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 820 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 41,318 16 42,138 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 45,446 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 41,673 end-of-year figure reported on prior year's return) 19 ğ Other changes in net assets or fund balances (explain in Schedule O) 20 87,119 Net assets or fund balances at end of year. Combine lines 18 through 20

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Part II **Balance Sheets** (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 41,673 87,119 22 Cash, savings, and investments 22 23 Land and buildings 23 Other assets (describe in Schedule O) 0 24 41,673 25 Total assets Total liabilities (describe in Schedule O) 0 26 41,673 27 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 **Expenses** What is the organization's primary exempt purpose? (Required for section TO TEACH AND PROMOTE DUPLICATE BRIDGE IN TENNESSEE 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 PROVIDED A LEARNING ENVIRONMENT FOR LOCAL DUPLICATE BRIDGE CLUBS AND PLAYERS; TAUGHT AND PROMOTED DUPLICATE BRIDGE BY HOSTING LOCAL AND REGIONAL BRIDGE TOURNAMENTS FOR APPROXIMATELY 2,000 PARTICIPANTS. 37,118 28a (Grants \$) If this amount includes foreign grants, check here ... 29 If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here . 30a 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 37,118 32 Total program service expenses (add lines 28a through 31a) . 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation (Forms W-2/1099-MISC) (a) Name and title contributions to employee (e) Estimated amount of hours per week benefit plans, and devoted to position other compensation deferred compensation (if not paid, enter -0-) BARBARA JOHNSON 0 n PRESIDENT 10.00 0 JUDY KNOX VICE PRESIDENT 10.00 0 0 LEE SMART 0 0 TREASURER 10.00 ED DAVIS **SECRETARY** 10.00 0 0 TOM EBERS DIRECTOR 5.00 0 0 TOLIVER MCKINNEY 0 0 DIRECTOR 5.00

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0

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Form 990-F7 (2018)

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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.	,		П
	monation of the art vij choose in the original action accorded to the response to arry queen or are arrest		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			l
	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		<u> </u>
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	ا		v
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	20-		х
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(a)(7) consistence Fators	_		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a	اه		
a b		0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	4		
704	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	10.0		
	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	The organization's books are in care of u LEE SMART Telephone no. u 90	1-27	7-9	671
	3216 CLARION LANE			
	Located at u MEMPHIS TN ZIP + 4 u 38	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		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). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
С	If "Yes," enter the name of the foreign country u	720	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			uГ
	and enter the amount of tax-exempt interest received or accrued during the tax year $u 43$			ч __
	and office the different of tax oxionipt interest received of decided 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		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- 54		
-	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	L	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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

									Yes	No
	the organization engage, directly or indirectly, in political ca									
	andidates for public office? If "Yes," complete Schedule C,							46		X
Part VI	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must ans	wer auestions 17	_10h and	d 52 and co	mnlete the	tables for	lings			
	50 and 51.	wei questions +/	- 1 30 and	J 52, and 60	inpicte the	tables for	11103			
	Check if the organization used Schedule O	to respond to any	question	n in this Part	VI					
4= 5:1:			. "						Yes	No
	the organization engage in lobbying activities or have a sec	ction 501(h) election	in effect di	uring the tax				47		
	? If "Yes," complete Schedule C, Part II	A)(::\0 If (i)\("					}	47 48		
48 Is th	e organization a school as described in section 170(b)(1)(A)(II)? II 1 es, comp	ization?	uue =				49a		
								49b	$\overline{}$	
	uplete this table for the organization's five highest compens						٠ ١	735		
	loyees) who each received more than \$100,000 of comper					-				
	····	(b) Average		Reportable		h benefits,	(-) F-	4:41		
	(a) Name and title of each employee	hours per week devoted to position	mpensation contributions W-2/1099-MISC) benefit pl		s to employee plans, and		timated er comp			
		•			deferred o	compensation				
		+					 			
		-								
		†								
		•								
		1								
f Tota	I number of other employees paid over \$100,000					_				
	plete this table for the organization's five highest compens		ontractors v	vho each receiv	ed more th	an				
\$100	0,000 of compensation from the organization. If there is no	ne, enter inone.								
	(a) Name and business address of each independent cor	ntractor		(b) Typ	e of service		(c) (Compen	sation	
d Tota	I number of other independent contractors each receiving	over \$100 000								
	the organization complete Schedule A? Note: All section s			took o						
	pleted Schedule A	. , , , ,	iis iiiusi ai	lacii a		•	. \Box	Yes	П	No
	Ities of perjury, I declare that I have examined this return, inclu-		hedules an	d statements, an	d to the best	of my knowled	dae and			
	, and complete. Declaration of preparer (other than officer) is b					,	J	,		
Sign	Signature of officer		-	Da De A CITO						
Here	LEE SMART Type or print name and title		1	'REASURE	K					
		eparer's signature			Date			PTIN		
Daid						Check	_			
Paid Preparer	-	ROTHY SMITH, C	PA		05/0	73/20	nployed	P0029		
Preparer Use Only	465	PAS PASTITTE 10	6			Firm's EIN }	02	-161	94.	22
300 Oill)	/ Firm's address } 165 N MAIN STREET COLLIERVILLE, TN	38017-265				Phone no. 9	01-8	850-	224	41
Mav the IF	RS discuss this return with the preparer shown above? Se		· -			rnone no.		X Ye		No
								n 990	_	
									_	/

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 Name of the organization

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

Open to Public

Employer identification number

TENNESSEE BRIDGE A	SSOCIATIO	N			62-60518	79		
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" on Form	990, Part IV, line	e 17.		
1 Indicate whether the organization raised funds through any	y of the following ac	ctivities	. Che	ck all that apply.				
a Mail solicitations	e Solicitation	of nor	-gove	rnment grants				
b Internet and email solicitations	f Solicitation		-	-				
c Phone solicitations	g Special fund	-		_				
d In-person solicitations	9		9					
2a Did the organization have a written or oral agreement with	any individual (inc	ludina	office	rs directors trustees				
or key employees listed in Form 990, Part VII) or entity in						Yes No		
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual		(iii) Di raiser	have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	dy or ol of	from activity	fundraiser listed in	organization		
		contrib			col. (i)			
		Yes	No					
1								
2								
3								
4		-						
4								
5								
6								
7								
8								
9								
•								
0								
Total		<u> </u>	•					
3 List all states in which the organization is registered or lice registration or licensing.		ributior	ns or h	nas been notified it is ex	empt from			

Schedule G (Form 990 or 990-EZ) 2018 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 greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **FUNDRAISING** NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 27,969 27,969 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 27,969 27,969 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018	TENNESSEE	BRIDGE	ASSOCIATION	62-605187	<u> </u>		Page	<u>. 3</u>
11	Does the organization conduct gaming ac	tivities with nonmeml	pers?			П	Yes		No
12	Is the organization a grantor, beneficiary o					_		_	
	formed to administer charitable gaming?.					П	Yes		No
13	Indicate the percentage of gaming activity					_		_	
а	The organization's facility				13a			ç	%
b	An outside facility				13b				%
14	Enter the name and address of the person	n who prepares the o	organization's ga	aming/special events books and					
	records:		0						
	Name u								
							•		
	Address u								
							•		
15a	Does the organization have a contract with	a third party from w	hom the organi	zation receives gaming					
	revenue?		-	• •		П	Yes	\Box	No
b	If "Yes," enter the amount of gaming rever	ue received by the c	organization 11	\$	and the	Ш		ш	
-	amount of gaming revenue retained by the				and the				
С	If "Yes," enter name and address of the th		·						
·	ii 163, Chici Hame and address of the th	ilia party.							
	Name 11								
	Name u								
	Address II								
	Address u								
16	Gaming manager information:								
. •	Carring manager information.								
	Name u								
	Traine &								
	Gaming manager compensation u \$								
	Description of services provided \mathbf{u}								
	Director/officer Emplo	ovee	Independent	contractor					
		<i>,</i>	•						
17	Mandatory distributions:								
а	Is the organization required under state la	w to make charitable	distributions fro	om the gaming proceeds to					
	retain the state gaming license?			0 01		П	Yes		No
b	Enter the amount of distributions required	under state law to be	e distributed to	other exempt organizations or					
	spent in the organization's own exempt ac			, 0					
Pa	rt IV Supplemental Informa			ons required by Part I, lin	e 2b, columns (iii) and	(v);	and		_
	Part III, lines 9, 9b, 10b,								
	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 Inspection

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.

Internal Revenue Service u Go to www.irs.gov/Form990 for the latest information

Name of the organization

Employer identification number

TENNESSEE BRIDGE		62-6051879				
FORM 990-EZ, PART I, LINE 16	5 - OTHER EXPE	NSES				
DESCRIPTION	Al	MOUNT				
EXPENSES						
BRIDGE TOURNAMENTS	\$	34,418				
YOUTH BRIDGE PROGRAM	\$	2,700				
MEETINGS	\$	2,307				
MISCELLANEOUS	\$	488				
BANK FEES	\$	205				
WEBSITE	\$	1,200				
	TOTAL \$	41,318				
·						

TENN1879 TENNESSEE BRIDGE ASSOCIATION TENNESSEE BRIDGE ASSOCIATION

TENNESSEE BRIDGE ASSOCIA **DIFFICER INFORMATION**PAGE 1
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GENERAL INFORMATION NAME: ADDRESS	BARBARA J 8180 SEDG			CONTACT PRINCIPAL? SIGNATURE? USE ORG ADD	DR?	YES NO YES
CITY, STATE ZIP CODE: FOREIGN COUNTRY: FOREIGN STATE OR PROVI		TN 38125-1058		OTHER INFOR	TRUSTEE/DIRECTOR	AND OFFICER
HOURS PER WEEK ORGANIZATION: RELATED:	10.00			FORMER? TITLE OFFICER TYPE		NO PRESIDENT INDIVIDUAL
COMPENSATION BASE: BONUS/INCENTIVE: OTHER: RETIREMENT/DEFERRED B OTHER COMP/NONTAXABL		ON - - - - -	RELATED	OTHER EXPENSE ACCOTHER ALLOVEXPENSE ACCUNRELATED E	WANCES: COUNT FOR	
SCHEDULE J NONTAXABLE BENEFITS: PRIOR YEAR:	ORGANIZATI	ON - -	RELATED	SEVERANCE: NONQUALIFIEI EQUITY BASEI RECEIVED CO		? NO
SCHEDULE K TIME DEVOTED TO BUSINE COMPENSATION ATTRIBUT TO UNRELATED BUSINESS						
FUNCTIONAL EXPENSE AL PROGRAM SERVICE: MANAGEMENT & GENERAL FUNDRAISING:		INCOME ALLOCATION NET INVESTMENT ADJUSTED NET: CHARITABLE PUR	:	PROGR FIRST: SECON THIRD: OTHER:		LISHMENTS

TENN1879 TENNESSEE BRIDGE ASSOCIATION TENNESSEE BRIDGE ASSOCIA PRICER INFORMATION

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GENERAL INFORMATION CONTACT JUDY KNOX PRINCIPAL? NO NAME: SIGNATURE? NO ADDRESS 8180 SEDGWICK WAY YES USE ORG ADDR? CITY, STATE ZIP CODE: MEMPHIS, TN 38125-1058 OTHER INFORMATION FORÉIGN COUNTRY: FOREIGN STATE OR PROVINCE: POSITION TRUSTEE/DIRECTOR AND OFFICER BOOKS IN CARE? NO **HOURS PER WEEK** FORMER? NO 10.00 VICE PRESIDENT ORGANIZATION: TITLE **RELATED**: OFFICER TYPE INDIVIDUAL **ORGANIZATION** RELATED COMPENSATION OTHER BASE: EXPENSE ACCOUNT AND BONUS/INCENTIVE: OTHER ALLOWANCES: EXPENSE ACCOUNT FOR OTHER: RETIREMENT/DEFERRED BENEFITS: UNRELATED BUSINESS: OTHER COMP/NONTAXABLE: SCHEDULE J **ORGANIZATION** RELATED NONTAXABLE BENEFITS: SEVERANCE: PRIOR YEAR: NONQUALIFIED PLAN: EQUITY BASED: RECEIVED COMP FROM UNRELATED? NO SCHEDULE K TIME DEVOTED TO BUSINESS: COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS FUNCTIONAL EXPENSE ALLOCATION **INCOME ALLOCATION** PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE: NET INVESTMENT: FIRST: MANAGEMENT & GENERAL: ADJUSTED NET: SECOND: CHARITABLE PURPOSE: FUNDRAISING: THIRD: OTHER:

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GENERAL INFORMATION NAME:	LEE SMART			CONTACT PRINCIPAL? SIGNATURE?	NO YES
ADDRESS	3216 CLAR	ION LN		USE ORG ADDR?	NO
CITY, STATE ZIP CODE: FOREIGN COUNTRY: FOREIGN STATE OR PROV	MEMPHIS,	IN 38119		OTHER INFORMATION POSITION TRUSTEE/DIRECTOR	AND OFFICER
HOURS PER WEEK ORGANIZATION: RELATED:	10.00			BOOKS IN CARE? FORMER? TITLE OFFICER TYPE	NO NO TREASURER INDIVIDUAL
COMPENSATION BASE: BONUS/INCENTIVE: OTHER: RETIREMENT/DEFERRED E OTHER COMP/NONTAXABL		ON - - - - -	RELATED	OTHER EXPENSE ACCOUNT AND OTHER ALLOWANCES: EXPENSE ACCOUNT FOR UNRELATED BUSINESS:	
SCHEDULE J NONTAXABLE BENEFITS: PRIOR YEAR:	ORGANIZATI	ON - -	RELATED	SEVERANCE: NONQUALIFIED PLAN: EQUITY BASED: RECEIVED COMP FROM UNRELATED	? NO
SCHEDULE K TIME DEVOTED TO BUSINE COMPENSATION ATTRIBUT TO UNRELATED BUSINESS	ΓABLE				
FUNCTIONAL EXPENSE AL PROGRAM SERVICE: MANAGEMENT & GENERAL FUNDRAISING:		INCOME ALLOCA NET INVESTMENT ADJUSTED NET: CHARITABLE PUR	Γ:	PROGRAM SERVICE ACCOMP FIRST: SECOND: THIRD: OTHER:	LISHMENTS

TENN1879 TENNESSEE BRIDGE ASSOCIATION TENNESSEE BRIDGE ASSOCIA DIFFICER INFORMATION

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GENERAL INFORMATION CONTACT ED DAVIS PRINCIPAL? NO NAME: SIGNATURE? NO **ADDRESS** 8180 SEDGWICK WAY YES USE ORG ADDR? CITY, STATE ZIP CODE: MEMPHIS, TN 38125-1058 OTHER INFORMATION FOREIGN COUNTRY: FOREIGN STATE OR PROVINCE: POSITION TRUSTEE/DIRECTOR AND OFFICER **BOOKS IN CARE?** NO **HOURS PER WEEK** FORMER? NO 10.00 SECRETARY ORGANIZATION: TITLE **RELATED**: OFFICER TYPE INDIVIDUAL **ORGANIZATION** RELATED COMPENSATION OTHER BASE: EXPENSE ACCOUNT AND BONUS/INCENTIVE: OTHER ALLOWANCES: EXPENSE ACCOUNT FOR OTHER: RETIREMENT/DEFERRED BENEFITS: UNRELATED BUSINESS: OTHER COMP/NONTAXABLE: SCHEDULE J **ORGANIZATION** RELATED NONTAXABLE BENEFITS: SEVERANCE: PRIOR YEAR: NONQUALIFIED PLAN: EQUITY BASED: RECEIVED COMP FROM UNRELATED? NO SCHEDULE K TIME DEVOTED TO BUSINESS: COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS FUNCTIONAL EXPENSE ALLOCATION **INCOME ALLOCATION** PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE: NET INVESTMENT: FIRST: MANAGEMENT & GENERAL: ADJUSTED NET: SECOND: CHARITABLE PURPOSE: FUNDRAISING: THIRD: OTHER:

TENN1879 TENNESSEE BRIDGE ASSOCIATION TENNESSEE BRIDGE ASSOCIA DIFFICER INFORMATION

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GENERAL INFORMATION CONTACT TOM EBERS PRINCIPAL? NO NAME: SIGNATURE? NO ADDRESS 8180 SEDGWICK WAY YES USE ORG ADDR? CITY, STATE ZIP CODE: MEMPHIS, TN 38125-1058 OTHER INFORMATION FORÉIGN COUNTRY: FOREIGN STATE OR PROVINCE: **POSITION** TRUSTEE/DIRECTOR **BOOKS IN CARE?** NO **HOURS PER WEEK** FORMER? NO 5.00 DIRECTOR ORGANIZATION: TITLE **RELATED**: OFFICER TYPE INDIVIDUAL **ORGANIZATION** RELATED COMPENSATION OTHER BASE: EXPENSE ACCOUNT AND BONUS/INCENTIVE: OTHER ALLOWANCES: EXPENSE ACCOUNT FOR OTHER: RETIREMENT/DEFERRED BENEFITS: UNRELATED BUSINESS: OTHER COMP/NONTAXABLE: SCHEDULE J **ORGANIZATION** RELATED NONTAXABLE BENEFITS: SEVERANCE: PRIOR YEAR: NONQUALIFIED PLAN: EQUITY BASED: RECEIVED COMP FROM UNRELATED? NO SCHEDULE K TIME DEVOTED TO BUSINESS: COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS FUNCTIONAL EXPENSE ALLOCATION **INCOME ALLOCATION** PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE: NET INVESTMENT: FIRST: MANAGEMENT & GENERAL: ADJUSTED NET: SECOND: CHARITABLE PURPOSE: FUNDRAISING: THIRD: OTHER:

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GENERAL INFORMATION CONTACT TOLIVER MCKINNEY PRINCIPAL? NO NAME: SIGNATURE? NO 8180 SEDGWICK WAY **ADDRESS** YES USE ORG ADDR? CITY, STATE ZIP CODE: MEMPHIS, TN 38125-1058 OTHER INFORMATION FORÉIGN COUNTRY: FOREIGN STATE OR PROVINCE: **POSITION** TRUSTEE/DIRECTOR **BOOKS IN CARE?** NO **HOURS PER WEEK** FORMER? NO 5.00 DIRECTOR ORGANIZATION: TITLE **RELATED**: OFFICER TYPE INDIVIDUAL **ORGANIZATION** RELATED COMPENSATION OTHER BASE: EXPENSE ACCOUNT AND BONUS/INCENTIVE: OTHER ALLOWANCES: EXPENSE ACCOUNT FOR OTHER: RETIREMENT/DEFERRED BENEFITS: UNRELATED BUSINESS: OTHER COMP/NONTAXABLE: SCHEDULE J **ORGANIZATION** RELATED NONTAXABLE BENEFITS: SEVERANCE: PRIOR YEAR: NONQUALIFIED PLAN: EQUITY BASED: RECEIVED COMP FROM UNRELATED? NO SCHEDULE K TIME DEVOTED TO BUSINESS: COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS FUNCTIONAL EXPENSE ALLOCATION **INCOME ALLOCATION** PROGRAM SERVICE ACCOMPLISHMENTS PROGRAM SERVICE: NET INVESTMENT: FIRST: MANAGEMENT & GENERAL: ADJUSTED NET: SECOND: CHARITABLE PURPOSE: FUNDRAISING: THIRD: OTHER: