Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the 2	020 calend	dar year, or tax year beginning 01/01 , 2020, and ending	12/31		, 20 2	20		
В	Check if ap	plicable:	C Name of organization CINCINNATI BRIDGE ASSOCIATION		D Emplo	yer identifi	cation n	umber	
	Address ch	ange	Doing business as			23-7131	131		
	Name chan	ige	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	Į,	E Teleph	one numbe	r		
	Initial return	ı	2860 Cooper Rd			513-563-	2218		
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amended r	eturn	Cincinnati, OH, 45241	- I	G Gross	receipts \$		83,199	
$\overline{\Box}$	Application			his a grou	group return for subordinates? Yes V				
	1.1.	1 3		e all sub	oordinate	es included?	Yes	. ☐ No	
ī	Tax-exemp	t status:		attach	a list. Se	e instruction	าร		
J	· · · · ·					number >			
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 196			of legal don	nicile:	OH	
		Summai	<u> </u>			3			
			cribe the organization's mission or most significant activities: Promote play of t	hridae	in area	ater Cincir	nati ar		
ø		nony doo	or the organization of modern of mode digimodific detivition.	briage	iii gi ce	iter enien	ii iati ai	ca	
Governance									
Ĭ	2 C	hack this	box ► ☐ if the organization discontinued its operations or disposed of more t	than 2	5% of	ite nat ac	eate		
ŏ			voting members of the governing body (Part VI, line 1a)		3	no not as	3013.	9	
ত	l .		independent voting members of the governing body (Part VI, line 1b)		4			9	
es	l .		per of individuals employed in calendar year 2020 (Part V, line 2a)		5			0	
ξ	1		per of volunteers (estimate if necessary)	•	6				
Activities &	l .			•	7a			100	
•	l .			•	7b			12,116	
_	b N	et unreiat	ed business taxable income from Form 990-T, Part I, line 11	r Year	70	C	V	12,117	
		ontributio		or rear		Curi	rent Yea		
ne			ons and grants (Part VIII, line 1h)		0			0	
Revenue		_	ervice revenue (Part VIII, line 2g)		33,120			35,596	
Be			income (Part VIII, column (A), lines 3, 4, and 7d)		0,688			12,116	
	l .		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,378			0	
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21	4,186			47,712	
			I similar amounts paid (Part IX, column (A), lines 1–3)		0			0	
			aid to or for members (Part IX, column (A), line 4)		0			0	
es	l .		her compensation, employee benefits (Part IX, column (A), lines 5–10)		0			0	
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)		0			0	
Ÿ			aising expenses (Part IX, column (D), line 25) 0						
_	l .	-	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		0			70,758	
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		0			70,758	
		evenue le	ss expenses. Subtract line 18 from line 12		4,186			-23,046	
Net Assets or Fund Balances	_		Beginning o	of Curre	nt Year	Enc	l of Year	·	
sset	20 T		s (Part X, line 16)	26	5,822		2	242,344	
nd E	21 T		ties (Part X, line 26)		3,664			3,431	
			or fund balances. Subtract line 21 from line 20	26	2,158		2	238,913	
P	art II	Signatu	re Block						
			I declare that I have examined this return, including accompanying schedules and statements, and e. Declaration of preparer (other than officer) is based on all information of which preparer has any kn			ny knowledg	e and b	elief, it is	
	e, correct, a	ind complete	e. Declaration of preparer (other than officer) is based on all information of which preparer has any kil	T					
O: .									
Si	- ,	Signatu	ure of officer	Date					
He	ere		r Orr, Pres						
		Type o	r print name and title						
Pa	id	Print/Type	preparer's name Preparer's signature Date		Check [— 1	1		
	eparer			\$	self-emp	loyed			
	e Only	Firm's nan	ne 🕨	Firm's E	EIN ►				
		Firm's add		Phone i	no.				
Ма	y the IRS	discuss t	his return with the preparer shown above? See instructions			. 🗆	Yes	☐ No	

Part				_
		esponse or note to any line in this Par	t III	
1	Briefly describe the organization's missi			
	Promote play of bridge in greater Cincinn	ati area		
2	Did the organization undertake any sign prior Form 990 or 990-EZ?			Yes 🗹 No
	If "Yes," describe these new services or			
3	Did the organization cease conductin services?			Yes 🗹 No
_	If "Yes," describe these changes on Sch			
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any,	4) organizations are required to report		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Continued promoting bridge through onli	ne play since Covid prohibited in person p	llav.	/
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
-10	(Θοάδ) (Ελροποδό Ψ		(Nevende \$	/
4d	Other program services (Describe on Sc	hedule O.)		
	(Expenses \$ 0 including g		0)	
40	Total program convice expenses		- /	

Part I	V 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)? If "Yes," complete Schedule A	1		_
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		~
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</i> "Yes," complete Schedule C, Part I	3		~
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		•
_	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
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>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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>	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
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? If "Yes," complete Schedule F, Parts III and IV.	16		~
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</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		~
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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	23		~
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	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		
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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	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 1a 2		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returr	ns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a	~	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Set an explanation on Set an explanation on Set an explanation on Set and Se</i>		0	3b	~	
	At any time during the calendar year, did the organization have an interest in, or a signature or oth		t			
-14	a financial account in a foreign country (such as a bank account, securities account, or other finan			4a		1
b	If "Yes," enter the name of the foreign country ▶		, .			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-		5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00		+			
	organization solicit any contributions that were not tax deductible as charitable contributions?	?		6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such	contribu	ıtions or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly fo	r goods			
	' ' '			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which	n it was			
	required to file Form 8282?			7с		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		- +	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil		1	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund management of the property		- 1			
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers Section 501(c)(7) organizations. Enter:	ion? .		90		
10	· · · · · ·	10a				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	0			
b 11	Section 501(c)(12) organizations. Enter:	IUD	0			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources	11a				
b	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule	e O.	-			
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? . '			14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on S			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in					
	excess parachute payment(s) during the year?			15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		İ			
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment i	ncome?	16		1
	If "Yes," complete Form 4720, Schedule O.		Ī			

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. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 V 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? 1 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in 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* 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 Pam Campbell, (513)720-2621

Part VI

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

Check this box if heither the organization no	Tarry relate	u orga	ailiz			ompe	1134			l liusiee.
					C)					
(A)	(B)	(do n			ition	e than o	one	(D)	(E)	(F)
Name and title	Average hours per week	box, office	unles er and	nless person and a director		is both an or/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
Potter Orr	5.00									
President	0.00	~		>				0	0	0
Pam Campbell	15.00									
Treasurer	0.00	~		~				0	0	0
Steve Moese	10.00									
Secretary	0.00	~		>				0	0	0
Michelle Barker	5.00									
Vice-President	0.00	~		>				0	0	0
Brenda Mehalko	5.00									
director	0.00	~						0	0	0
Tom Mess	5.00									
director	0.00	~						0	0	0
Lew Temples	5.00									
director	0.00	~						0	0	0
Mike Burns	5.00									
director	0.00	~						0	0	0
John Williams	5.00									
director	0.00	~						0	0	0
		-								

Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c).	Part	VII Section A. Officers, Directors, 1	Γrustees, I	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (co	ntinued)
Name and title Control check more than one part week Part Vall Part Val							•							
Name and title Average Dox, unless person is both an incompensation of other compensation of the com		(A)	(B)	(do n	ot of				ano	(D)	(E)		(F)
Park week Park		Name and title	_	١,						1				
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the Subtotal Total from continuation sheets to Part VII, Section A			1 '	or c	Ins	Off.	₹ e	Hig	For					
the Subtotal Total from continuation sheets to Part VII, Section A				direc	l tt	cer	em/	hes	mer	(W-2/1099-MISC)	(W-2/1099	-MISC)		
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Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)	1b	Subtotal				<u> </u>	l			0		0		0
d Total (add lines 1b and 1c)			VII. Sectio	n A					•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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	_				Ċ				•	0		0		0
reportable compensation from the organization ▶ 0 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	2								e) w		e than \$1	00.000	of	
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	_	, ,							-,	0		,		
employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or 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 Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who													Y	es No
employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or 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 Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	officer, dire	ector.	tru	iste	e, k	cev e	mpl	lovee, or highes	st compe	nsated		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•		-			~
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatic	n a	and other compe	nsation fr	om the		
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														
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual											4	'
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or inc	ividual		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who		_	? If "Yes," c	compl	ete	Sch	hedi	ule J t	or s	such person .			5	· ·
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation Compensation	Secti	on B. Independent Contractors												
(A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who	1													
None None Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	ort compen	satio	n foi	r the	e ca	lenda	r ye	ear ending with or	within the	e orgar	nization's t	ax year.
None 2 Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business add	iress							Description of serv	/ices		Compensation	on
	None													
			<i>p</i>				, .		L	p	. .			
raceived mare than \$100,000 at companion from the examination	2	received more than \$100,000 of compens) th	nose listed abov 0	e) wno			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
ifts Ir A	d	Related organization	ns .		1d					
n is σ	е	Government grants	(cont	tributions)	1e					
Sin	f	All other contribution								
iğ je		and similar amounts no	ot incl	uded above	1f					
들탕	g	Noncash contribution								
no pu	_	lines 1a–1f			1g	·				
9 0	h	Total. Add lines 1a-	-1f .			🕨	0			
o l						Business Code				
Š	2a									
gram Ser Revenue	b									
E S	۲ C									
Re	d e									
Program Service Revenue	f	All other program se	ervice	revenue			35,596	35,596	0	0
<u>-</u>	g	Total. Add lines 2a-				•	35,596	33,370	0	
	3	Investment income					33,370			
		other similar amoun					10,475	0	10,475	0
	4	Income from investr					0	0	0	0
	5				-		0	0	0	0
		-		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	r' I		🕨				
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets		3	7,128	0				
		other than inventory	7a		7,120					
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		5,487	0				
Be		Gain or (loss)	7с		1,641	0		_		_
ē		Net gain or (loss)				<u>-</u>	1,641	0	1,641	0
Other	8a	Gross income fro		indraising						
		events (not including of contributions re								
		1c). See Part IV, line			8a					
	h	Less: direct expens			8b					
	C	Net income or (loss)				nts ▶				
	9a	Gross income 1			9 540					
	Ju	activities. See Part			9a					
	b	Less: direct expens			9b					
		Net income or (loss)				es >				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory ▶				
<u>s</u>				<u> </u>		Business Code				
eor Pe	11a									
an	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a				<u> ▶</u>	0			
	12	Total revenue. See	instr	uctions .		🕨	47,712	35,596	12,116	0

Part IX Statement of Functional Expenses

Section 501(c)(3) a	and 501(c)(4) (organizations mu	ıst complete all columns.	. All other organizations mus	t complete column (A).
<u> </u>					•

	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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 .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	-	0			
4 5	Benefits paid to or for members	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management	2,400			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) .	0			
12	Advertising and promotion				
13	Office expenses	2,789			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	55,366			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0			
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.)				
а	Tax on unrelated income from last year	2,975			
b	Tournament exp reimbursement from last year	-3,330			
С					
d					
е	All other expenses	10,558			
25	Total functional expenses. Add lines 1 through 24e	70,758	0	0	0
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 P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	72,290	1	36,695
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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	0	5	0
	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).	0	6	0
S	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0		0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities			205,649
	12	Investments—other securities. See Part IV, line 11		12	200/01/
	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)		16	242,344
	17	Accounts payable and accrued expenses			634
	18	Grants payable			2,797
	19	Deferred revenue		19	,
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,664	26	3,431
Se		Organizations that follow FASB ASC 958, check here ▶ □			
ŭ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
ŭ		Organizations that do not follow FASB ASC 958, check here ▶ ✓			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
šets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	238,913
Net Assets or Fund Balances	32	Total net assets or fund balances		32	238,913
Ž	33	Total liabilities and net assets/fund balances	265,822	33	242,344

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)			4	7,712			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	0,758			
3	Revenue less expenses. Subtract line 2 from line 1	;		-2	3,046			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-		26	2,158			
5	Net unrealized gains (losses) on investments	<u>; </u>			-199			
6	Donated services and use of facilities				0			
7	Investment expenses				0			
8	Prior period adjustments				0			
9	Other changes in net assets or fund balances (explain on Schedule O)	,			0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B)))		23	8,913			
Part	XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· ·</u>	<u> </u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain	in					
_	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 compile	ed (or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on	а					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign the good and action of the financial statements and calculation of the financial statements.							
	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 of Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	in th	ne					
	Single Audit Act and OMB Circular A-133?		3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	its .	3b	000				

Form **990** (2020)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization **CINCINNATI BRIDGE ASSOCIATION** 23-7131131 Form 990, Part VI, Section A, Line 6 - All members of the club are considered members of the organization Form 990, Part VI, Section A, Line 7a - All directors are elected by the members in October each year Form 990, Part VI, Section A, Line 8b - Committee decisions and recommendations are part of the board meeting minutes Form 990, Part VI, Section B, Line 11b - Board receives a copy of the 990 before filing and completed form is posted on organization's website Form 990, Part VI, Section C, Line 19 - Board minutes and form 990 are posted on the organization's website Form 990, Part IX, Line 24e - Other progrma expenses not covered by other specific categories