

OMB No. 1545-1150

2019

**Open to
Public
Inspection**

Form **990-EZ** (2019)

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
22 Cash, savings, and investments	37,089	22	33,788
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	6,179	24	8,869
25 Total assets	43,268	25	42,657
26 Total liabilities (describe in Schedule O).	284	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,984	27	42,657

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 ☐
What is the organization's primary exempt purpose?
ADVANCE THE ENJOYMENT OF CONTRACT BRIDGE
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.
28
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29 See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
30 See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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 this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL G SCHMAHL	8.00	4,800	0	0
BUSINESS MANAGER				
MARK DESINGER	4.00	0	0	0
PRESIDENT				
DON BLADOW	2.00	0	0	0
VICE PRESIDENT				
LINDA THIES	2.00	0	0	0
SECRETARY				
KATHIE HOEHNE	2.00	0	0	0
TREASURER				
JULIE GUERARD	0.50	0	0	0
BOARD MEMBER				
M LYNNE SMITH	0.50	0	0	0
BOARD MEMBER				
ALAN DENNIS	0.50	0	0	0
BOARD MEMBER				
MARION KELLY	0.50	0	0	0
BOARD MEMBER				
TAMARA PHILLIPS	0.50	0	0	0
BOARD MEMBER				
GREG SVENDSEN	0.50	0	0	0
BOARD MEMBER				
FRANK WALLIS	0.50	0	0	0
BOARD MEMBER				

Part V 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	No
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 Yes	
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	No
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	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	
c 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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	No
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>MICHAEL G SCHMAHL</u> Telephone no. ▶ <u>(907) 276-4001</u>		
Located at ▶ <u>305 N HARRIETTE ST WASILLA , AK</u> ZIP + 4 ▶ <u>99654</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	
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51

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
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52	Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2020-11-14 Date		
	MICHAEL G SCHMAHL BUSINESS MANAGE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SCHMAHL	Preparer's signature	Date 2020-11-14	Check <input type="checkbox"/> if self-employed	PTIN P01401468
	Firm's name ▶ Perfect Circle Incorporated			Firm's EIN ▶ 26-2622872	
	Firm's address ▶ 991 S HERMON RD SUITE 500 WASILLA, AK 996547387			Phone no. (907) 357-3278	

	May the IRS discuss this return with the preparer shown above? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Additional Data

Software ID:
Software Version:
EIN: 20-8019664
Name: ANCHORAGE BRIDGE CENTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDE REGULAR DAILY DUPLICATE BRIDGE GAMES. ESTIMATED MEMBERS BENEFITED: 250 (Grants \$)		28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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<div>29</div> <div>HOST THREE ANNUAL TOURNAMENTS: TWO SECTIONAL AND ONE REGIONAL TOURNAMENT. ESTIMATED MEMBERS BENEFITED: 200</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>30</div> <div>PROVIDE FOR THE EDUCATION OF NEW AND IMPROVING BRIDGE PLAYERS. ESTIMATED MEMBERS BENEFITED: 40</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
ANCHORAGE BRIDGE CENTER

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

2019

**Open to Public
Inspection**

Employer identification number

20-8019664

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTMISCELLANEOUS 20

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	ACTIVITY TOTAL GRANTS UNDER 5,000 AMOUNT 3,335

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT DEPRECIATION EXPENSE 1,323 ADVERTISING AND PROMOTION 156 SUPPLIES 3,544 SNA CKS 543 INSURANCE 879 ACBL FEES 4,597 ACBL DIRECTOR FEES 8,940 CADDY FEES 440 MISCELLANEOUS 20 PRIZES 121 BUSINESS LICENSING 50 TAX FILING 7 ROUNDING (3)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARPREPAID EXPENSES AND DEPOSITS 4,614 4,708FURNITURE AND EQUIPMENT (NET) 1,565 4,161

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS PAYABLE 284 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Changes to governing documents Part V line 34	CHANGED BOARD MONTHLY MEETING TIME FROM THE THIRD MONDAY OF EACH MONTH TO MEET AT THE BOARDS DISCRETION.