Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

2012

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service			at the end of the year may use this form.	Inspection				
			The organization may have to use a copy of this return to satisfy state reporting require	ements.	ments. , 20			
_			r year, or tax year beginning , 2012, and ending C Name of organization , 2012, and ending	D Employer identification number				
В	Check if ap							
H	Address c		Wisconsin Upper Michigan Bridge Association, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	26-0290138				
H	Name cha Initial retur	*	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number				
Ħ	Terminate		10 Windswept Way City or town, state or country, and ZIP + 4		608-663-6229			
	Amended	return	F Group Exemption					
	Applicatio	on pending	Fitchburg, WI 53719-5149		Number			
G	Account	Check 🕨	▶ 🗸 it	f the organization is not				
1	Websit	te: ► http://	userpages.chorus.net/sfuhrman	required	to atta	ach Schedule B		
J 1	Гах-exen	npt status (che	ck only one) — ☐ 501(c)(3)	(Form 99	90, 990)-EZ, or 990-PF).		
K	Check •	▶ ☐ if the	organization is not a section 509(a)(3) supporting organization or a section 527 organization	n and its	s gross	receipts are normally		
	not more	e than \$50,000	D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	y be req	uired (s	see instructions). But if		
	the orga	anization choo	ses to file a return, be sure to file a complete return.					
L	Add lines	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,				
I	ine 25, c	olumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$			
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I			🗆		
_	1		ns, gifts, grants, and similar amounts received		1	,		
	2		rvice revenue including government fees and contracts	- H	2	53,315		
	3	_	p dues and assessments		3	3,965		
	4	Investment		4	1,413			
	5a		unt from sale of assets other than inventory		-	1,413		
	b	Less: cost						
	C	Gain or (los		5c	0			
	6	Gaming and		30	0			
	-	_						
ø	а		ome from gaming (attach Schedule G if greater than					
Revenue	h							
eVe	b		me from fundraising events (not including \$ of contribution	s				
ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b						
	C		expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract				
	_	line 6c) .			6d	0		
	7a		s of inventory, less returns and allowances	\longrightarrow				
	b		of goods sold					
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
	8		uue (describe in Schedule O)		8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	58,693		
Expenses	10		similar amounts paid (list in Schedule O)		10	0		
	11		id to or for members		11	2,590		
	12		her compensation, and employee benefits		12	0		
	13	Professiona	al fees and other payments to independent contractors	[13	1,140		
	. 14	Occupancy, rent, utilities, and maintenance				12,050		
	15	•	blications, postage, and shipping	- +	15	1,102		
	16	Other expenses (describe in Schedule O)				49,265		
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	66,147		
Net Assets	18		deficit) for the year (Subtract line 17 from line 9)		18	(7,454)		
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			, , ,		
Ass		end-of-yea	r figure reported on prior year's return)	[19	52,409		
et,	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	[20			
Z	21		or fund balances at end of year. Combine lines 18 through 20	-	21	44,955		
Fo			on Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2012)		

Form 990-EZ (2012) Page 2 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 52,556 22 22 Cash, savings, and investments 45,047 0 23 23 Land and buildings 0 2,305 24 24 Other assets (describe in Schedule O) 1,050 25 Total assets 54,861 25 46,097 26 Total liabilities (describe in Schedule O) 2,452 26 1,142 Net assets or fund balances (line 27 of column (B) must agree with line 21) 52,409 27 27 44,955 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Promote the game of bridge and educate bridge players 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. 28 In 2012 the Wisconsin Upper Michigan Bridge Association sponsored twelve Sectional and one Regional bridge tournaments at which members competed and practiced their bridge skills. 28a) If this amount includes foreign grants, check here 60,026 The Association paid second year membership dues in the American Contract Bridge League for members who completed their first year of membership. (Grants \$ 29a) If this amount includes foreign grants, check here . . 2,590 The Association provided lunch and learn sessions at tournaments for new members.) If this amount includes foreign grants, check here 30a 1,136 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 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 (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation See enclosure

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V 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 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 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 If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 ► ; section 4955 ► section 4911 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 42a The organization's books are in care of ▶ Donald R. Schuette 608-663-6229 Telephone no. ▶ Located at ► 10 Windswept Way Fitchburg, WI ZIP + 4 ▶ 53719-5149 **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 If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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 45b

Page 3

OIIII 33	0-LZ (20	12)								age ¬
4.0	D: -1 -11				6	- f !			Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o						n 46		√
Part '	VI	Section 501(c)(3) organizations All section 501(c)(3) organization: 50 and 51	s only s must answer que	stions 47–49b ar	nd 52, and	d comple			or line	•
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	: 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					x 47	res	No		
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?									
50	If "Yes," was the related organization a section 527 organization?									
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position				oloyee (e eferred			
f 51	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	 ctors who	each re	eceived	more	than
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of service			(c) Compensation			
d		number of other independent contra	_		. ▶					
52	none	ne organization complete Schedule Acempt charitable trusts must attach a	a completed Schedul	e A			▶	☐ Yes		No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					ot my know	/ledge and	belief,	ıt is
Sign Here		Signature of officer Date Donald R. Schuette, Treasurer				Date				
	Type or print name and title									
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Oate Check is self-employe				
Use (Firm's name	Firm's EIN ▶							
Mav th	ne IRQ	Firm's address ► Phone no. RS discuss this return with the preparer shown above? See instructions								
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