



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

OMB No 1545-1150

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

2009  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning	Nov 1	, 2009, and ending	Oct 31	, 2010
---	-------	--------------------	--------	--------

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Daytona Metropolitan Bridge Club</b> Number and street (or P O box, if mail is not delivered to street address) <b>600 Driftwood Ave</b> City or town, state or country, and ZIP + 4 <b>Daytona Beach, FL 32118-3645</b>	<b>D</b> Employer identification number <b>591229294</b> <b>E</b> Telephone number <b>386 255 7744</b> <b>F</b> Group Exemption Number ►
--	--	--

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method  Cash  Accrual  
Other (specify) ►

**I** Website: ► [daytonabridge.org](http://daytonabridge.org)

**J** Tax-exempt status (check only one) —  501(c) ( 4 ) ► (insert no.)  4947(a)(1) or  527

**H** Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory . . . . . b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ of contributions reported on line 1) . . . . . b Less: direct expenses other than fundraising expenses . . . . . c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . 7a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe ► ) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	1 1773 2 72210 3 3515 4 862 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 11559 9 89919
<b>Expenses</b> 10 Grants and similar amounts paid (attach schedule) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe ► ) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	10 11 12 13 49271 14 22390 15 16 18577 17 90238 18 -319
<b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . 20 Other changes in net assets or fund balances (attach explanation) . . . . . 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	18 19 51590 20 21 51271

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	51590	22 51271
23 Land and buildings . . . . .		23
24 Other assets (describe ► ) . . . . .		24
25 <b>Total assets</b> . . . . .	51590	25 51271
26 Total liabilities (describe ► ) . . . . .		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	51590	27 51271

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. 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  
(c)(3) and 501(c)(4)  
organizations and section  
(a)(1) trusts, optional  
others )

(Grants \$ ) If this amount includes foreign grants, check here . . . ►

28a

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here . . . ►

30a

31

(Grants \$ ) If this amount includes foreign grants, check here . . . ►

31a

32

**Part IV List of Officers, Directors, Trustees, and Key Employees. List**

## Instrumentation

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

**(a) Name and address**

(B) Total and average hours per week devoted to position

(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

**(e) Expense account and other allowances**

## Part V | Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

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 . . . . .

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? . . . . .

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 period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .

c 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, 4955, and 4958 . . . . .

d Section 501(c)(3) and 501(c)(4) 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. . . . .

41 List the states with which a copy of this return is filed. ► **none**

42a The organization's books are in care of ► **Bruce OHMANN** Telephone no ► **386 439 6816**  
Located at ► **5405 John Anderson Hwy, Flagler Beach, FL** ZIP + 4 ► **32136**

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)? . . . . .

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 of the U.S.? . . . . .  
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 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► **43** □

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		✓
34		✓
35a		✓
35b		✓
36		✓
37a		✓
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

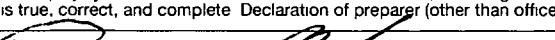
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46		46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
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"		

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

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	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			
	 Signature of officer		Date 12-25-10	
	<b>Bruce Ohmann</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/>	

May the IRS discuss this return with the preparer shown above? See instructions

▶  Yes  No

Daytona Metropolitan Bridge Club, Inc

Schedule A – Other revenue

Coffee & Soft Drinks 2871

Tournaments 7533

Miscellaneous 1000

Book & Supply Sales 155

Total Other Revenue 11559

Schedule B – Other Expenses

Supplies 6113

Consumables 6035

ACBL Fees 5538

Miscellaneous 891

Total Other Exp. 18577

Daytona Metropolitan Bridge Club, Inc      Schedule C: list of Officers, Directors, Trustees

<u>Name &amp; Address</u>	<u>Title &amp; Hours (b)</u>	<u>Comp (c)</u>	<u>contrib.(d)</u>	<u>Expense Acct(e)</u>
Peg Lupo PO Box 250366 Daytona Beach, FL 32125	1 hr/wk	0	0	
Judy Hinds 6065 Sabal Hammock Cir Port Orange, Fl 32128	Treasurer 1 hr/wk	0	0	0
Martha Wirkutis 1998 Big Crane Loop Port Orange, FL 32128	Secretary 2 hrs/wk	0	0	0
Jim Geary 205 Lynnurst Dr Ormond Beach, FL 32176	President 6 hrs/wk	0	0	0
Scott Weiss 975 Island Grove Dr Deland, FL 32724	2 hrs/wk	0	0	0
Donna Benoy PO Box 6413 Deltona, FL 32728	Vice Pres 2 hr/wk	0	0	0
Betty King 3023 S Atlantic Ave #805 Daytona Beach, FL 32118	2 hr / wk	0	0	0
Howard Seybold		0	0	0
Roger Taylor 3115 Inishmore Dr Ormond Beach, Fl 32174		0	0	0