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# Short Form Return of Organization Exempt From Income Tax

2012

Department of the Treasury  
Internal Revenue Service

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 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.

Open to Public  
Inspection

**A For the 2012 calendar year, or tax year beginning** 11/01 **, 2012, and ending** 10/31 **, 2013**

**B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization****DAYTONA METROPOLITAN BRIDGE CLUB INC**

Number and street (or P.O. box, if mail is not delivered to street address)

600 Driftwood Ave

**D Employer identification number**

59-1229294

**E Telephone number**

386-255-7744

**F Group Exemption  
Number ►****G Accounting Method:**  Cash  Accrual **Other (specify)** ►**I Website:** ►**J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( 7 ) **► (insert no.)**  4947(a)(1) or  527**K Check ►**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 99,377****Part I 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 

<b>Revenue</b>	<table border="0" style="width: 100%;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>5535</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>72,361</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>5790</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>110</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td>0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td>0</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td>0</td></tr> <tr><td>b</td><td>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)</td><td>6b</td><td>0</td></tr> <tr><td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td>0</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>0</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td>7b</td><td>0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td>0</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td>15,581</td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>99,377</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	5535	2	Program service revenue including government fees and contracts	2	72,361	3	Membership dues and assessments	3	5790	4	Investment income	4	110	5a	Gross amount from sale of assets other than inventory	5a	0	b	Less: cost or other basis and sales expenses	5b	0	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	b	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)	6b	0	c	Less: direct expenses from gaming and fundraising events	6c	0	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	7a	Gross sales of inventory, less returns and allowances	7a	0	b	Less: cost of goods sold	7b	0	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8	Other revenue (describe in Schedule O)	8	15,581	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,377	<table border="0" style="width: 100%;"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td>0</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td>0</td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td>0</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td>47,861</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td>24,643</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td>0</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td><td>31,086</td></tr> <tr><td>17</td><td><b>Total expenses.</b> Add lines 10 through 16</td><td>17</td><td>103,590</td></tr> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>-4213</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>55,967</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>0</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>21</td><td>51,755</td></tr> </table>	10	Grants and similar amounts paid (list in Schedule O)	10	0	11	Benefits paid to or for members	11	0	12	Salaries, other compensation, and employee benefits	12	0	13	Professional fees and other payments to independent contractors	13	47,861	14	Occupancy, rent, utilities, and maintenance	14	24,643	15	Printing, publications, postage, and shipping	15	0	16	Other expenses (describe in Schedule O)	16	31,086	17	<b>Total expenses.</b> Add lines 10 through 16	17	103,590	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4213	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)	19	55,967	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	51,755
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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
22	Cash, savings, and investments . . . . .	55,967	22
23	Land and buildings . . . . .	0	23
24	Other assets (describe in Schedule O) . . . . .	0	24
25	<b>Total assets</b> . . . . .	55,967	25
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	55,967	27
			51,755

**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  Expenses (Required for section

What is the organization's primary exempt purpose? See Schedule O, Statement 3

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 and section  
5047(a)(1) trusts, optional  
for others.)

28	ran bridge games, ran two bridge tournaments, taught bridge lessons, provided a social environment for senior citizens		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		
		32	0

**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
Dave Pellet	President, 15	0	0	0
3220 Galty Circle, Ormond Beach, FL 32174				
Roger Taylor	Vice President, 2	0	0	0
3115 Inishmore Dr., Ormond Beach, FL 32174				
Barry Pope	Treasurer, 10	0	0	0
6211 Klondike Dr., Port Orange, FL 32127				
Judie O'Bryan	Secretary, 5	0	0	0
100 Silver Beach Ave., Apt 606, Daytona Beach, FL 32118				

**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

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

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

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

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

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

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

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

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 ► \_\_\_\_\_ 40a

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

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The organization's books are in care of ► **Barry Pope** Telephone no. ► **732-703-1834**  
Located at ► **6211 Klondike Dr., Port Orange, FL 32127** ZIP + 4 ► **32127** 42b  42c

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**. 43

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: ► \_\_\_\_\_ 43

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

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

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.

	Yes	No
46		✓

**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	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."		

**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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	 Signature of officer	6/10/2018 Date
	<b>Barry Pope, Treasurer</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

## **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.

OMB No 1545-0047

2012

**Open to Public  
Inspection**

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**Name of the organization**

DAYTONA METROPOLITAN BRIDGE CLUB INC

**Employer identification number**

59-1229294

**Schedule O, Statement 1**  
**Form 990-EZ**  
**Page: 1**  
**Line Number: Part 1 Line 8**

**DAYTONA METROPOLITAN BRIDGE CLUB INC**  
**59-1229294**

**Other Revenue Structured Explanation**

<b>Description</b>	<b>Amount</b>
Books and bridge supplies	1462
Bridge tournaments	11,900
Food and drinks	2219
<b>Total:</b>	<b>15,581</b>

**Schedule O, Statement 2**  
**Form 990-EZ**  
**Page: 1**  
**Line Number: Part 1 Line 16**

**DAYTONA METROPOLITAN BRIDGE CLUB INC**  
**59-1229294**

**Other Expenses Structured Explanation**

<b>Description</b>	<b>Amount</b>
Supplies	8417
Consumables – food and drink	11,142
Other costs	11,527
<b>Total:</b>	<b>31,086</b>

**Schedule O, Statement 3**  
**Form 990-EZ**  
**Page: 1**  
**Line Number: Part III**

**DAYTONA METROPOLITAN BRIDGE CLUB INC**  
**59-1229294**

**Primary Exempt Purpose**

**Primary Exempt Purpose**

Conduct bridge games and lessons and social setting for senior citizens

**Work sheet for 990EZ 2012**

	990 line	derivation	last year
<b>Contributions</b>	<b>1 5535</b>	<b>misc income</b>	<b>2722</b>
Prog serv rev	2 72,361	total game fees	73,067
Memberships	3 5790	annual dues	4881
Other income	8 15,581	books/food&drinks/tournaments (Statement 1)	13,593
<b>Total operating revenue</b>	<b>99,267</b>		<b>94,263</b>
Investment income	4 110		105
<b>Total revenue</b>	<b>9 99,377</b>		<b>94,368</b>
Salaries, empl benefits	12 0	manager salary = w h/ fica	0
Independent contractors	13 47,861	directors fees + cleaning serv 40199 + 7662	49,452
Occup, rent, maint	14 24,643	util + tot fac-cleaning serv 8621 + 16022	18,001
Other expenses	16 31,086	suppl+consum+other costs 8417+11142+11527 (St2)	27,575
<b>Total expenses</b>	<b>17 103,590</b>		<b>95,028</b>
Net income	18 -4213		-660
Rounding error	0		0
<b>Beginning assets</b>	<b>19 55,967</b>		<b>56,517</b>
<b>Ending assets</b>	<b>21 51,755</b>		<b>55,967</b>

**Year to Date Actual Budget  
11/1/12 Through 10/31/13**

**Account Balances  
As of October 31, 2013**

Checking	\$11,533.95
Savings	40,220.60
<b>Total</b>	<b>\$51,754.55</b>

**November 1, 2012 to October 31, 2013**

	Actual	Budget	Difference
<b>INCOME:</b>			
<b>Game Fees:</b>			
Prepaid Entries	80.00	0.00	-80.00
Regular	58,356.00	69,996.00	11,640.00
Special	13,925.00	14,004.00	79.00
<b>Total Game Fees</b>	<b>72,361.00</b>	<b>84,000.00</b>	<b>11,639.00</b>
<b>Other Income</b>			
Annual Dues	5,790.00	4,500.00	-1,290.00
Book & Supply	1,462.00	100.00	-1,362.00
<b>Sales</b>			
Coffee, Drink	2,219.17	3,000.00	780.83
<b>Donations</b>			
Investment	110.15	50.00	-60.15
<b>Income</b>			
Miscellaneous	5,534.95	1,500.00	-4,034.95
<b>Total Other Income</b>	<b>15,116.27</b>	<b>9,150.00</b>	<b>-5,966.27</b>
<b>Tournament Income</b>			
ACBL Charges	-3,232.35	-4,000.00	-767.65
Advertising	-498.39	-400.00	98.39
Cadies, Serving & Other Help	-575.00	0.00	575.00
Directors	-5,919.91	-6,000.00	-80.09
Donations	250.00		-250.00
Entry Fees	22,822.41	20,000.00	-2,822.41
Food & Drink	2,558.02	2,400.00	-158.02
<b>Income</b>			
Food Expenses	-3,504.89	-3,500.00	4.89
<b>Total Tournament Income</b>	<b>11,899.89</b>	<b>8,500.00</b>	<b>-3,399.89</b>
<b>TOTAL INCOME</b>	<b>99,377.16</b>	<b>101,650.00</b>	<b>2,272.84</b>

**EXPENSES:****Consumables**

Coffee, Other	1,315.66	1,500.00	184.34
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**Drink**

Food Costs	9,825.94	9,000.00	-825.94
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Total	11,141.60	10,500.00	-641.60
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**Consumables****Facilities**

Cleaning Services	7,662.50	8,000.00	337.50
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Land, Rent & Insurance	3,319.46	3,500.00	180.54
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Office Equipment	1,616.39	2,000.00	383.61
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Repairs & Maintenance	4,168.34	2,000.00	-2,168.34
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Replacement Costs	6,917.93	5,000.00	-1,917.93
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Total Facilities	23,684.62	20,500.00	-3,184.62
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**Personnel Expenses**

Director Fees	39,591.00	45,000.00	5,409.00
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Director	607.50	750.00	142.50
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**Training**

Total Personnel	40,198.50	45,750.00	5,551.50
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**Supplies**

Bridge Supplies	2,879.50	3,800.00	920.50
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Housekeeping Supplies	2,028.26	900.00	-1,128.26
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Office Supplies	3,509.09	2,500.00	-1,009.09
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Total Supplies	8,416.85	7,200.00	-1,216.85
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**Utilities**

Electricity	5,372.05	5,000.00	-372.05
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Telephone & Internet	1,832.12	1,700.00	-132.12
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Water & Sewer	1,416.75	1,500.00	83.25
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Total Utilities	8,620.92	8,200.00	-420.92
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Other Costs			
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ACBL Fees	5,447.23	6,500.00	1,052.77
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Miscellaneous	4,288.19	1,000.00	-3,288.19
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Sales Tax & Advertising	1,791.87	2,000.00	208.13
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Total Other Costs	11,527.29	9,500.00	-2,027.29
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<b>TOTAL EXPENSES</b>	<b>103,589.78</b>	<b>101,650.00</b>	<b>-1,939.78</b>
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Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>Daytona Metropolitan Bridge Club, Inc.</b>	Employer identification number (EIN) or <b>59-1229294</b>
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>600 Driftwood Ave.</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Daytona Beach, FL 32118</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **Barry M. Pope**

Telephone No. ► **732-703-1834**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **15 JUN 14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year 20 \_\_\_\_ or

►  tax year beginning **1 NOV**, 20 **12**, and ending **31 OCT**, 20 **13**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

- 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a \$ 0**
- b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. **3b \$ 0**
- c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c \$ 0**

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . . ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

 

<b>Application Is For</b>	<b>Return Code</b>	<b>Application Is For</b>	<b>Return Code</b>
Form 990 or Form 990-EZ	01	Form 990 or Form 990-EZ	01
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► \_\_\_\_\_  
Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20 \_\_\_\_\_.  
5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.  
6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►