

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

November 1, 2018 , 2019, and ending

410

**Open to Public
Inspection**

A For the 2019 calendar year, or tax year beginning November 1, 2018, and ending October 31, 2019

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ?1 Daytona Metropolitan Bridge Club Number and street (or P O box if mail is not delivered to street address) ?1 600 Driftwood Avenue City or town, state or province, country, and ZIP or foreign postal code ?1 Daytona Beach, FL 32118		D Employer identification number ?1 59-1229294	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) ?1			
I Website: ► bridgewebz.com					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
RECEIVED DOB JAN 17 2020 OS 63514 OGDEN, UT 6852 0					
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					
Revenue	1	Contributions, gifts, grants, and similar amounts received	5a	6a	3010
	2	Program service revenue including government fees and contracts	5b	6b	63514
	3	Membership dues and assessments	5c	6c	6852
	4	Investment income			0
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			
	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)			
c	Less direct expenses from gaming and fundraising events				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0	0	
8	Other revenue (describe in Schedule O)	8		751	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		74127	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	90	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	41289	
	14	Occupancy, rent, utilities, and maintenance	14	54058	
	15	Printing, publications, postage, and shipping	15	4613	
	16	Other expenses (describe in Schedule O)	16	3627	
17	Total expenses. Add lines 10 through 16	17		103667	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(29540)	
	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	53590	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21		24050

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 <input type="checkbox"/>				
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year		
	53590	22 24050		
		23		
		24		
	53590	25 24050		
		26 10000		
	53590	27 14050		
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 <input type="checkbox"/>				
What is the organization's primary exempt purpose? Open Bridge Games and Lessons for the Community				
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 Conducted American Contract Bridge League sanctioned bridge games with professional directors for over 300 members. Conducted 2400 tables of bridge games between March and November (Building was under repair from hurricane damages most of Nov 2018-March 2019) 28a <input type="checkbox"/> 66706				
29 Conducted two ACBL Sanctioned Sectional Level Tournaments (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a 8113				
30 Raised money for local charities (note this was much lower than past years due to the building under major repairs over the Christmas season) (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a 90				
31 Other program services (describe in Schedule O) (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a				
32 Total program service expenses (add lines 28a through 31a) ► 32 76909				
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 <input type="checkbox"/>				
21 (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
Betty Bayard	4	0	0	0
President				
Kathleen Keller	2	0	0	0
First Vice President				
John Elliott	2	0	0	0
Second Vice President				
Susan Pope	2	0	0	0
Secretary				
Karen Jezewski	2	0	0	0
Treasurer				
Carol Foster	2	0	0	0
Board Member				
Joan Ingersoll	2	0	0	0
Board Member				
Jane Gibbons	2	0	0	0
Board Member				
Judy Powell	2	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	✓
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	37a	0
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.	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	✓
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	40c	
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 ►	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	40e	✓
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 ►		
42a The organization's books are in care of ► Robert Renauart Located at ► 4626 Harbour Village Blvd #3403 Ponce Inlet, FL	Telephone no. ► 3866896140	
	ZIP + 4 ► 32127-7277	
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 ►	42b	✓
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 United States? If "Yes," enter the name of the foreign country ►	42c	✓
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	✓
b 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

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."		

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

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	<input type="text" value="Robert RENAUT"/> <div style="display: flex; justify-content: space-between;"> <div>Signature of officer</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DMBC Accountant</div> <div>1/14/2020</div> </div>
	<input type="text" value="Robert RENAUT"/> <div>Type or print name and title</div>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

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

Yes No