

Electronic Return Acknowledgement

Tax Year:	2015	Return No:	AIU01M
Tax Payer:	PANHANDLE TIGER BAY CLUB, INC.		
Return Type:	FEDERAL		
Filing Type Description:	990EZ		
IRS Received Date:	5/5/2016		
Return Status:	ACCEPTED		
Submission ID:	59521320161265000000		

Cumulative e-File History 2015



Federal

Tax Return

AIU01M

Return Type

990

Taxpayer

PANHANDLE TIGER BAY CLUB, INC.

Submitted Date 2016-05-05 08:49:41

Acknowledgement Date 2016-05-05 08:57:25

Status Accepted

Submission ID 59521320161265000000[Close](#)[Print](#)

Short Form Return of Organization Exempt From Income Tax

2015

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.**

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B 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 PANHANDLE TIGER BAY CLUB, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 133 City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32591	D Employer identification number 59-2496417 E Telephone number (850) 293-1902 F Group Exemption Number ▶
--	--	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.PANHANDLETIGERBAY.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 52,193.

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	1	
	2 Program service revenue including government fees and contracts	2	8,780.
	3 Membership dues and assessments	3	41,913.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	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	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b	0.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) ATCH. 1	8	1,500.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	52,193.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	600.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) ATCH. 2	16	54,865.
17 Total expenses. Add lines 10 through 16 ▶	17	55,465.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,272.
	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	11,955.
	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	8,683.

For Paperwork Reduction Act Notice, see the separate instructions.

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 [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? SEE PART III, LINE 28 AND SCHEDULE O.

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.)

Table with 3 columns: Description, Amount, Expenses. Rows include BRINGING POLITICAL, ECONOMIC & GOVERNMENTAL SPEAKERS TO FURTHER EDUCATE AND ENLIGHTEN MEMBERS AND PAYING GUESTS. THE ORGANIZATION ORGANIZES SPEECHES AND MEETINGS. Other program services; Total program service expenses.

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 []

Table with 5 columns: (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. Row 1 contains ATTACHMENT 5.

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
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37b 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 RACHEL REYES Telephone no. 850-994-0088 Located at 5638 CHAMPIONS DRIVE PACE, FL ZIP + 4 32571
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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 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.
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

		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	46	X

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."		

(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 ▶ _____

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 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.

Sign Here	COPY Signature of officer	05/06/2016 Date
	RACHEL REYES Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name DENISE M GODWIN	Preparer's signature <i>Electronically Signed</i>	Date 05/04/2016	Check <input type="checkbox"/> if self-employed	PTIN P01209883
	Firm's name ▶ BLOOMER, GERI & COMPANY, CPAS	Firm's EIN ▶ 59-3229334		Phone no. 850-438-3622	
	Firm's address ▶ 1120 E. AVERY STREET PENSACOLA, FL 32503				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

PANHANDLE TIGER BAY CLUB, INC.

Employer identification number

59-2496417

ATTACHMENT 1

FORM 990EZ, PART I - OTHER REVENUE

SPONSORSHIP INCOME	1,500.
TOTALS	<u>1,500.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

MEAL COSTS - REGULAR MEETINGS	13,158.
SPEAKER FEES - REGULAR MEETINGS	15,250.
SPEAKER EXPENSES - REGULAR MEETINGS	4,491.
ANNUAL MEETING - MEAL COSTS	3,754.
ANNUAL MEETING - SPEAKER FEES	7,500.
ANNUAL MEETING - SPEAKER EXPENSES	1,669.
BANK CHARGES	255.
BUSINESS MANAGER - CONTRACT LABOR	6,700.
OFFICE EXPENSES	1,963.
TAXES AND LICENSES	61.
BOARD OF DIRECTORS MEETINGS	64.
TOTAL	<u>54,865.</u>

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	21,255.	8,958.
TOTALS	<u>21,255.</u>	<u>8,958.</u>

Name of the organization PANHANDLE TIGER BAY CLUB, INC.	Employer identification number 59-2496417
--	--

ATTACHMENT 4

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SUPPORT AND REVENUE FOR FUTURE PERIODS	9,300.	275.
TOTALS	<u>9,300.</u>	<u>275.</u>

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
RACHEL REYES TREASURER	2.00	0.	0.	0.
DONA USRY MEMBER	2.00	0.	0.	0.
CHARLES GUND PRESIDENT	2.00	0.	0.	0.
GEORGE WHITE SECRETARY	2.00	0.	0.	0.
JO JONES MEMBER	2.00	0.	0.	0.
STEPHEN PITRE MEMBER	2.00	0.	0.	0.
ROSEANNA PHILLIPS MEMBER	2.00	0.	0.	0.
VICKI CAMPBELL MEMBER	2.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
TED HOWARD VP - PROGRAMS	2.00	0.	0.	0.
SHEILA NICHOLS MEMBER	2.00	0.	0.	0.
BILL RAMSEY MEMBER	2.00	0.	0.	0.
STEPHANIE HIRST EXECUTIVE SECRETARY	2.00	0.	0.	0.
JEFF STEVENSON MEMBER	2.00	0.	0.	0.
CAROLINE KELLY MEMBER	2.00	0.	0.	0.
GLENDA RAINES MEMBER	2.00	0.	0.	0.
JACK STEPHENSON MEMBER	2.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
JAMIE FERREIRA MEMBER	2.00	0.	0.	0.
WESLEY ODOM MEMBER	2.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>