

# Short Form Return of Organization Exempt From Income Tax

## 2009

**Open to Public Inspection**

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 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.*

**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> 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 country, and ZIP + 4 PENSACOLA, FL 32591	<b>D Employer identification number</b> 59-2496417  <b>E Telephone number</b> ( 850 ) 474-9133  <b>F Group Exemption Number</b> . . . ▶
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● **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:** ▶ WWW.PANHANDLETIGERBAY.COM

**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 . . . ▶ \$ 68,388.**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	7,940.	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	60,384.	
	<b>4</b> Investment income . . . . .	<b>4</b>	29.	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>		
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here . . . ▶ <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>			
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>			
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>			
<b>8</b> Other revenue (describe ▶ _____ )	<b>8</b>	35.		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	68,388.		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	0.	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	500.	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>		
	<b>16</b> Other expenses (describe ▶ _____ )	<b>16</b>	73,825.	
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	74,325.		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-5,937.	
	<b>19</b> 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) . . . . .	<b>19</b>	38,426.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	32,489.	

**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	
<b>22</b> Cash, savings, and investments . . . . .	ATCH 4	38,426.	<b>22</b> style="text-align: right;">27,576.	
<b>23</b> Land and buildings . . . . .			<b>23</b>	
<b>24</b> Other assets (describe ▶ _____ )	ATCH 5	0.	<b>24</b> style="text-align: right;">5,663.	
<b>25 Total assets</b> . . . . .		38,426.	<b>25</b> style="text-align: right;">33,239.	
<b>26 Total liabilities</b> (describe ▶ _____ )	ATCH 6	0.	<b>26</b> style="text-align: right;">750.	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		38,426.	<b>27</b> style="text-align: right;">32,489.	



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
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? . . . . .		X
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 . . . . .		X
37 a	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? . . . . .		X
38 a	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? . . . .		X
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		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40 a	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 . . . . .		X
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 . . . . .		X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	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		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign county: ▶ _____		X
	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.? . . . . .		X
	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 . . . . . ▶ <input type="checkbox"/> 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 . . . . .		X
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 . . . . .		X

**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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49 a** 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 receiving over \$100,000 ▶ \_\_\_\_\_

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	Date	
	▶ Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BLOOMER, GERI & COMPANY, CPAS 1120 E. AVERY STREET PENSACOLA, FL 32503		Preparer's identifying number (See instructions) P00326399
			EIN ▶ 59-3229334 Phone no. ▶ 850-438-3622

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

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	29.
TOTAL	<u>29.</u>

FORM 990EZ, PART I - OTHER REVENUE

LATE FEES

35.

TOTALS

35.

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

MEAL COSTS - REGULAR MEETINGS	17,630.
REFUNDS	250.
SPEAKER FEES - REGULAR MEETINGS	21,500.
SPEAKER EXPENSES - REGULAR MEETINGS	3,994.
ANNUAL MEETING - MEAL COSTS	5,261.
ANNUAL MEETING - SPEAKER FEES	13,500.
ANNUAL MEETING - SPEAKER EXPENSES	1,159.
BANK CHARGES	163.
BOARD OF DIRECTOR MEETINGS	1,794.
TAXES - ANNUAL REPORT FOR STATE	61.
BUSINESS MANAGER - CONTRACT LABOR	4,800.
OFFICE EXPENSES	3,713.
TOTAL	<u>73,825.</u>

ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	38,426.	27,576.
SAVINGS	0.	0.
TOTALS	<u>38,426.</u>	<u>27,576.</u>



ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES OR DEFERRED CHARGES	0.	5,663.
TOTALS	<u>0.</u>	<u>5,663.</u>

ATTACHMENT 6

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	0.	750.
TOTALS	<u>0.</u>	<u>750.</u>

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 7

PROGRAM SERVICE ACCOMPLISHMENT 1

MEALS 22,891 SPEAKER COSTS & EXP 40,154 BRINGING POLITICAL,  
ECONOMIC & GOVERNMENTAL SPEAKERS TO FURTHER EDUCATE AND ENLIGHTEN  
MEMBERS AND PAYING GUESTS. THE ORGANIZATION ORGANIZES SPEECHES AND  
MEETINGS.

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

ATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
JOHN CLARK P.O. BOX 4727 PENSACOLA, FL 32507	SECRETARY 2.00	0.	0.	0.
DEEDEE RITCHIE 591 ARAGON STREET PENSACOLA, FL 32502	VP MEMBERSHIP 2.00	0.	0.	0.
TOM GILLIAM C/O SHELL, FLEMING, DAVIS P.O. BOX 1831 PENSACOLA, FL 32591	PRESIDENT 5.00	0.	0.	0.
RACHEL REYES 5638 CHAMPIONS DRIVE PACE, FL 32571	TREASURER 4.00	0.	0.	0.
JACK GRAY 5907 BIELEK DRIVE PENSACOLA, FL 32526	VP PROGRAMS 2.00	0.	0.	0.
BOB MOULTON 3970 MENENDEZ DRIVE PENSACOLA, FL 32503	VP ARRANGEMENTS 2.00	0.	0.	0.
PAULA SOLEIL	DIRECTOR	0.	0.	0.

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

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
201 PENSACOLA BCH ROAD #D-19 PENSACOLA, FL 32561	2.00			
BETTY ROBERTS 2370 BLUFFS CIRCLE PENSACOLA, FL 32503	DIRECTOR 2.00	0.	0.	0.
MIKE HILL 611 NEW WARRINGTON ROAD PENSACOLA, FL 32506	DIRECTOR 2.00	0.	0.	0.
SALLY FOX 30 S SPRING STREET PENSACOLA, FL 32502	VP MEMBERSHIP 2.00	0.	0.	0.
CHRIS KELLY 17 E. MAIN STREET STE 200 PENSACOLA, FL 32502	DIRECTOR 2.00	0.	0.	0.
ADRIANNA SPAIN 307 S. PALAFOX STREET PENSACOLA, FL 32502	DIRECTOR 2.00	0.	0.	0.
DONA USRY 6553 TERRASANTA	PAST PRESIDENT 2.00	0.	0.	0.

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

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
PENSACOLA, FL 32504				
JOHN TICE 909 E. CERVATES ST, ST B PENSACOLA, FL 32501	DIRECTOR 2.00	0.	0.	0.
DOROTHY DAVIS 8300 WILDE LAKE ROAD PENSACOLA, FL 32526	DIRECTOR 2.00	0.	0.	0.
CHARLES GUND PO DRAWER 13207 PENSACOLA, FL 32591	DIRECTOR 2.00	0.	0.	0.
PHILOMENA MADDEN 1941 EAST LLOYD STREET PENSACOLA, FL 32503	DIRECTOR 2.00	0.	0.	0.
STEPHEN PITRE 125 WEST ROMANA STREET SUITE 800 PENSACOLA, FL 32502	DIRECTOR 2.00	0.	0.	0.
GEORGE WHITE 5928 HERMITAGE DRIVE PENSACOLA, FL 32504	DIRECTOR 2.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>