

## Electronic Return Acknowledgement

<b>Tax Year:</b>	2010	<b>Return No:</b>	AIU01M
<b>Tax Payer:</b>	PANHANDLE TIGER BAY CLUB, INC.		
<b>Return Type:</b>	990		
<b>Filing Type Description:</b>	Federal		
<b>IRS Received Date:</b>	5/10/2011		
<b>Return Status:</b>	ACCEPTED		

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

PANHANDLE TIGER BAY CLUB, INC.

Employer identification number

59-2496417

Name and title of officer

RACHEL REYES, TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	<u>71,879.</u>
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BLOOMER, GERI & COMPANY, to enter my PIN 9 6 4 1 7 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ 05/03/2011

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 9 5 2 1 3 2 6 3 9 9

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 05/03/2011

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# Short Form Return of Organization Exempt From Income Tax

## 2010

**Open to Public Inspection**

**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.

Department of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>PANHANDLE TIGER BAY CLUB, INC.</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 133</b></p> <p>City or town, state or country, and ZIP + 4 <b>PENSACOLA, FL 32591</b></p>	<p><b>D</b> Employer identification number <b>59-2496417</b></p> <p><b>E</b> Telephone number <b>(850) 497-1684</b></p> <p><b>F</b> Group Exemption Number ▶</p>
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**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** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required through 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 ▶ \$ **71,879.**

**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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	3,670.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	10,785.
	<b>3</b> Membership dues and assessments	<b>3</b>	57,370.
	<b>4</b> Investment income	<b>4</b>	9.
	<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> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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 exceed \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>Revenue</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 in Schedule O) <span style="float: right;">ATCH 2</span>	<b>8</b>	45.	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	71,879.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<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 in Schedule O) <span style="float: right;">ATCH 3</span>	<b>16</b>	69,432.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	69,932.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	1,947.
	<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>	32,489.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	34,436.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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 2 columns: (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 [X]

What is the organization's primary exempt purpose? SEE PART III, LINE 28 AND SCHEDULE O.

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 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Description, Expenses. Rows include 28 ATTACHMENT 7, 29, 30, 31 Other program services, 32 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 address, (b) Title 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.)

Check if the organization used Schedule O to respond to any question in this Part V

Input box for Schedule O

Main table with rows 33-44d, columns for questions and Yes/No responses. Includes sub-rows for 35a-35b, 37a-37b, 38a-38b, 39a-39b, 40a-40e, 42b-42c, and 44a-44d.

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</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 must be completed instead of Form 990-EZ		
<b>46</b> 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		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 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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**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

**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		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	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

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**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 - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	9.
TOTAL	<u>9.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

LATE FEES	45.
TOTALS	<u>45.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

MEAL COSTS - REGULAR MEETINGS	19,194.
SPEAKER FEES - REGULAR MEETINGS	15,000.
SPEAKER EXPENSES - REGULAR MEETINGS	2,126.
ANNUAL MEETING - MEAL COSTS	5,558.
ANNUAL MEETING - SPEAKER FEES	18,000.
ANNUAL MEETING - SPEAKER EXPENSES	264.
BANK CHARGES	179.
BOARD OF DIRECTOR MEETINGS	1,805.
BUSINESS MANAGER - CONTRACT LABOR	4,800.
OFFICE EXPENSES	1,721.
PLAQUES & AWARDS	785.
TOTAL	<u>69,432.</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	27,576.	30,421.
SAVINGS	0.	
TOTALS	<u>27,576.</u>	<u>30,421.</u>

Name of the organization PANHANDLE TIGER BAY CLUB, INC.	Employer identification number 59-2496417
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ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSES OR DEFERRED CHARGES	5,663.	4,475.
TOTALS	<u>5,663.</u>	<u>4,475.</u>

ATTACHMENT 6FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SUPPORT AND REVENUE FOR FUTURE PERIODS	750.	460.
TOTALS	<u>750.</u>	<u>460.</u>

ATTACHMENT 7FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

MEALS 24,752 SPEAKER COSTS & EXP 35,390 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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JOHN CLARK P.O. BOX 4727 PENSACOLA, FL 32507	SECRETARY 2.00	0.	0.	0.
TOM GILLIAM C/O SHELL, FLEMING, DAVIS P.O. BOX 1831 PENSACOLA, FL 32591	PAST PRESIDENT 2.00	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	PRESIDENT 5.00	0.	0.	0.
BOB MOULTON 3970 MENENDEZ DRIVE PENSACOLA, FL 32503	VP ARRANGEMENTS 2.00	0.	0.	0.
PAULA SOLEIL 201 PENSACOLA BCH ROAD #D-19 PENSACOLA, FL 32561	DIRECTOR 2.00	0.	0.	0.
BETTY ROBERTS	DIRECTOR	0.	0.	0.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
2370 BLUFFS CIRCLE PENSACOLA, FL 32503	2.00			
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 PROGRAMS 2.00	0.	0.	0.
ADRIANNA SPAIN 307 S. PALAFOX STREET PENSACOLA, FL 32502	DIRECTOR 2.00	0.	0.	0.
MILTON USRY 6553 TERRASANTA PENSACOLA, FL 32504	PAST PRESIDENT 2.00	0.	0.	0.
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.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
CHARLES GUND PO DRAWER 13207 PENSACOLA, FL 32591	DIRECTOR 2.00	0.	0.	0.
GEORGE WHITE 5928 HERMITAGE DRIVE PENSACOLA, FL 32504	DIRECTOR 2.00	0.	0.	0.
JO JONES 2166 RESERVATION ROAD GULF BREEZE, FL 32563	DIRECTOR 2.00	0.	0.	0.
ROY KINSEY 1925 EAST BRAINERD STREET PENSACOLA, FL 32503	DIRECTOR 2.00	0.	0.	0.
JEAN NORMAN 4210 MONTEIGNE DRIVE PENSACOLA, FL 32504	DIRECTOR 2.00	0.	0.	0.
STEPHEN PITRE 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32502	VP MEMBERSHIP 2.00	0.	0.	0.
KAREN SINDEL 14 STAR LAKE DRIVE	DIRECTOR 2.00	0.	0.	0.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
PENSACOLA, FL 32507		0.	0.	0.
GRAND TOTALS				
		0.	0.	0.