

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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 \$1,000,000 and total assets less than \$2,500,000 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

**A** For the 2008 calendar year, or tax year beginning 10/01/08, and ending 9/30/09

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>Wickham Park Senior Center Association Inc.</u>	<b>D</b> Employer identification number <u>59-1898531</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2785 Leisure Way</u>	<b>E</b> Telephone number <u>321-255-4494</u>
		City or town, state or country, and ZIP + 4 <u>Melbourne FL 32935</u>	<b>F</b> Group Exemption Number ▶

● 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.bcscwp.com

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one)  501(c) ( 3 ) ◀ (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 \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 194,649

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														6,786												
	2	Program service revenue including government fees and contracts														162,447												
	3	Membership dues and assessments <u>See Statement 1</u>														22,865												
	4	Investment income														1,789												
	5a	Gross amount from sale of assets other than inventory														762												
	5b	Less cost or other basis and sales expenses														7,231												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)														-6,469												
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>														See Stmt 2												
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
b	Less direct expenses other than fundraising expenses																											
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ _____)																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														187,418													
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors														2,336												
	14	Occupancy, rent, utilities, and maintenance														53,421												
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ <u>See Statement 3</u> )														114,678												
17	<b>Total expenses.</b> Add lines 10 through 16														170,435													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														16,983												
	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)														135,808												
	20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 4</u>														-19												
	21	Net assets or fund balances at end of year <u>Combine lines 18 through 20</u>														152,772												

**Part II Balance Sheets** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	118,773	97,497
23	Land and buildings	28,976	67,167
24	Other assets (describe ▶ <u>See Statement 5</u> )	2,252	2,771
25	<b>Total assets</b>	150,001	167,435
26	<b>Total liabilities</b> (describe ▶ <u>See Statement 6</u> )	14,193	14,663
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	135,808	152,772

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

SCANNED MAR 11 2010

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**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? <u>Recreation for seniors</u>		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
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, or other relevant information for each program title			
28	Bingo - approximately 7,900 participants annually  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	112,890
29	Bridge sessions and instruction approximately 100 participants monthly  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,825
30	User fees - provide facility for exercise, art and dance classes, shuffleboard as well as medical clinic, legal and family counseling services - serve approximately 1250  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	10,814
31	Other program services (attach schedule)  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>136,529</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)**

(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
Pam Page 2785 Leisure Way Melbourne FL 32935	President	0	0	0
Harold L Philips 2785 Leisure Way Melbourne FL 32935	1stVice Pres	0	0	0
Emmee Hanna-Harmon 2785 Leisure Way Melbourne FL 32935	1stVice Pres	0	0	0
Phyllis M Principe 2785 Leisure Way Melbourne FL 32935	2ndVice Pres	0	0	0
Kathy Pichardo 2785 Leisure Way Melbourne FL 32935	Secretary	0	0	0
Betty Byers Norwalk 2785 Leisure Way Melbourne FL 32935	Treasurer	0	0	0
Betty Williams 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
Dick Robinson 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
Susan Hitt 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
Ruth Fleming 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
Pauline Minogue 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
Peter Gaul 2785 Leisure Way Melbourne FL 32935	Director	0	0	0
William DeLauder 2785 Leisure Way Melbourne FL 32935	Honorary Dir	0	0	0
Shirley Massey 2785 Leisure Way Melbourne FL 32935	Honorary Dir	0	0	0

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

		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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 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	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ <u>37a</u></span>		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <u>38b</u></span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <u>39a</u></span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <u>39b</u></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶ _____</span> , section 4912 <span style="float:right">▶ _____</span> , section 4955 <span style="float:right">▶ _____</span>		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
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 <span style="float:right">▶ <u>FL</u></span>		
42a	The books are in care of <span style="float:right">▶ <u>Wickham Park Senior Ctr A</u></span> Telephone no <span style="float:right">▶ <u>321-255-4494</u></span> 2785 Leisure Way Located at <span style="float:right">▶ <u>Melbourne, FL</u></span> ZIP + 4 <span style="float:right">▶ <u>32935</u></span>		
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 <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <u>43</u></span>		
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 only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the 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
None				

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the 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
None		

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

**Sign Here** 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) if self-prepared.

▶ Emmee Harmon-Hanna  
Signature of officer

▶ EMMEE HARMON-HANNA  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ Elaine Dinho CP

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Janes, Key & Dinho, 2717 North Wickham Melbourne, FL 3293

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Wickham Park Senior Center Association Inc.**

Employer identification number  
**59-1898531**

**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is (Please check only one organization )

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I    b  Type II    c  Type III—Functionally Integrated    d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,664	7,162	8,534	9,837	29,651	63,848
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	142,168	133,611	147,008	148,552	162,447	733,786
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	19,500	19,500	18,000	18,000	18,000	93,000
<b>6 Total.</b> Add lines 1-5	170,332	160,273	173,542	176,389	210,098	890,634
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)	170,332	160,273	173,542	176,389	210,098	890,634

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	170,332	160,273	173,542	176,389	210,098	890,634
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,545	2,687	3,832	3,425	1,789	14,278
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,545	2,687	3,832	3,425	1,789	14,278
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	172,877	162,960	177,374	179,814	211,887	904,912
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.4222 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	98.2585 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.5778 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	1.7091 %

- 19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2008**  
 Attachment Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Wickham Park Senior Center Association Inc.** Identifying number **59-1898531**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,445

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27 5 yrs	MM	S/L	
i	Nonresidential real property		27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	7,445
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Dues - current year	\$ <u>22,865</u>
Total	\$ <u>22,865</u>

**Federal Statements**

**Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other**

Description		Date	Date	Sale	Cost &	Depreciation	Gain /
How	Whom	Acquired	Sold	Price	Expense		Loss
Received	Sold						
Sale of Old Equipment							
Purchase		Various	7/31/09	\$ 762	\$ 15,146	\$ 11,201	\$ -3,183
Scrapped Bingo Equipment							
Purchase		Various	7/01/09		6,020	3,111	-2,909
File cabinet - travel							
Purchase		10/07/92	7/01/09		129	129	
Carpet - Chapman's Carpet Supply							
Purchase		5/25/04	7/01/09		766	389	-377
Total				\$ 762	\$ 22,061	\$ 14,830	\$ -6,469

**Federal Statements**

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Interest expense	566
Advertising	2,662
Office supplies	4,747
Postage	88
Equipment repair and main	547
Bank charges	410
Bingo Prizes	81,469
Bridge instruction	963
Bridge fees	657
Coffee Supplies	5,127
Donations	25
Dinners and refreshments	2,117
Entertainment	2,409
Room Rental Exp	217
Supplies	12,019
Taxes and licenses	454
Website	201
Total	\$ 114,678

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Book loss on asset disposal > Tax loss	\$ -14
Book / Tax Deprec Difference	-5
Total	\$ -19

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 1,177	\$ 2,671
Deposits	1,075	100
	2,252	2,771

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Sales tax payable	\$ 38	\$ 139
Contributions payable	1,114	1,114
Due to Bridge Players	648	2,520
Rental Security Deposit		400
Mortgage and Other Notes Payable	12,393	10,490
	14,193	14,663

743396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

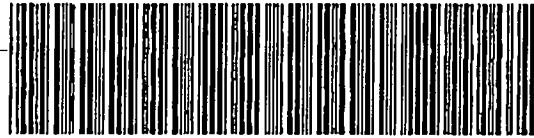
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DIVISION OF CORPORATIONS  
09 JUL -6 AM 11:09

Roberts JUL 09 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Wick PARK SENIOR Center, Inc

DOCUMENT NUMBER: 743396

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam PAGE  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

2717 N Wickham Road AKA 2785 Leisure Way  
(Address)

Melbourne FL 32901  
(City/ State and Zip Code)

BCSCWP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAM PAGE at (321) 255 4494  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL -6 AM 11:08

South Brevard Senior Association, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

743396

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

WICKHAM PARK SENIOR CENTER ASSOCIATION, INCORPORATED  
*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

2785 Leisure Way  
Melbourne, FL  
32901

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

2785 Leisure Way  
Melbourne, FL  
32901

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>President</del>	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: \_\_\_\_\_

June 8, 2009

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

June 24 2009

Signature

*Patricia B. Page*

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PAM PAGE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

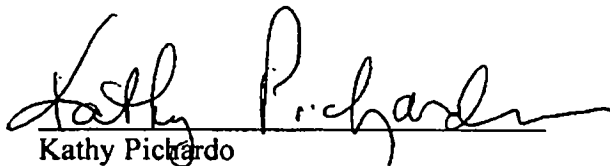
**CERTIFICATION OF AN  
AMENDMENT TO THE ARTICLES OF INCORPORATION  
OF SOUTH BREVARD SENIORS ASSOCIATION, INC.**

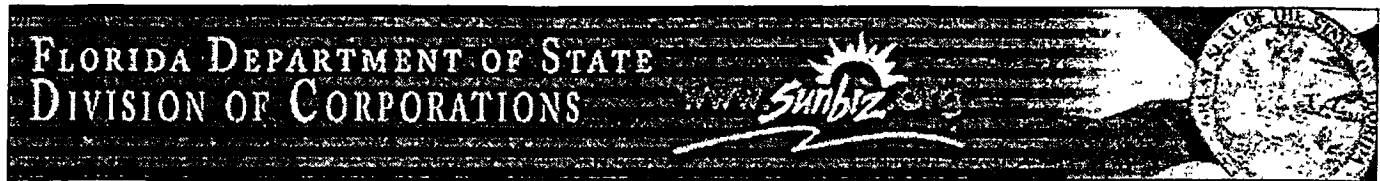
The undersigned, being the duly elected and qualified Secretary of the South Brevard Seniors Association, Inc. (the "Association") does hereby certify that on April 22, 2009 the Board of Directors of the Association in accordance with Article 1 of the Articles of Association did adopt the following resolution:

RESOLVED that the Article 1 of Articles of Incorporation of the South Brevard Seniors Association, Inc. be and hereby is formally changed to read: The name of the corporation shall be the "Wickham Park Senior Center Association, Incorporated".

FURTHER RESOLVED that the officers of the corporation are hereby authorized to take steps and pay such fees that with the advice of counsel in their opinion are necessary to comply with the Statutes and Regulations of the State of Florida to effectuate the name change and make it valid.

This copy of the corporate resolution for the change of name from the South Brevard Seniors Association, Inc. to the Wickham Park Senior Center Association, Inc. was certified on the 22<sup>nd</sup> day of APRIL, 2009.

  
Kathy Pichardo  
Secretary



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## Detail by Entity Name

### Florida Non Profit Corporation

WICKHAM PARK SENIOR CENTER ASSOCIATION, INCORPORATED

### Filing Information

**Document Number** 743396  
**FEI/EIN Number** 591898531  
**Date Filed** 06/27/1978  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT AND NAME CHANGE  
**Event Date Filed** 07/06/2009  
**Event Effective Date** NONE

### Principal Address

2785 LEISURE WAY  
MELBOURNE FL 32901 US

Changed 07/06/2009

### Mailing Address

2785 LEISURE WAY  
MELBOURNE FL 32901 US

Changed 07/06/2009

### Registered Agent Name & Address

DINHO, ELAINE  
 2717 N WICKHAM RD.  
 SUITE 3  
 MELBOURNE FL 32901 US

Name Changed: 01/23/2004

Address Changed: 01/23/2004

### Officer/Director Detail

#### Name & Address

Title P

PAGE, PAMELA A  
 8539 TROUT AVENUE  
 PALM BAY FL 32909 US

Title 1VD

PHILIPS, HAROLD G  
839 BARBADOS AVE.  
MELBOURNE FL 32901 US

Title 2VD

PRINCIPE, PHYLISS M  
389 GLENWOD AVENUE  
SATELLITE BEACH FL 32937 US

Title S

PICHARDO, KATHY  
114 WINDEMERE PLACE  
MELBOURNE BEACH FL 32951 US

Title TD

NORWALK, BETTY BYERS  
50 NEW YORK WAY  
ROCKLEDGE FL 32955

Title 1VP

HARMON, EMMEE H  
1482 MEADOWBROOK RD NE  
PALM BAY FL 32905 US

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**Report Year Filed Date**

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2008	03/28/2008
2009	01/29/2009

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