

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)

- ▶ 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.

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** 10/01/09 , and ending 09/30/10

<b>B</b> Check if applicable:	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Wickham Park Senior Center Association Inc.	<b>D Employer identification number</b> 59-1898531
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite	<b>E Telephone number</b> 321-255-4494
<input type="checkbox"/> Name change		2785 Leisure Way	<b>F Group Exemption Number</b> ▶
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 Melbourne FL 32935	
<input type="checkbox"/> Termination			<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
<input type="checkbox"/> Amended return			<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<input type="checkbox"/> Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

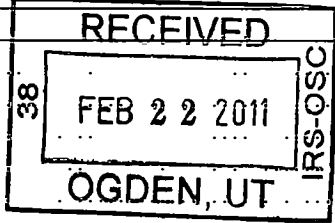
**I Website:** ▶ www.bcscwp.com

**J Tax-exempt status** (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 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** ▶ \$ 252,303

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received		932
	2 Program service revenue including government fees and contracts		229,542
	3 Membership dues and assessments See Statement 1		20,794
	4 Investment income		1,035
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8 Other revenue (describe ▶ _____ )		8
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		252,303
Expenses	10 Grants and similar amounts paid (attach schedule)		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
	14 Occupancy, rent, utilities, and maintenance		87,105
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe ▶ See Statement 2 )		161,501
	<b>17 Total expenses.</b> Add lines 10 through 16		248,606
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		3,697
	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)		152,773
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3		1,224
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20		157,694



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	97,497	95,216
<b>23</b>	Land and buildings		23
<b>24</b>	Other assets (describe ▶ See Statement 4 )	69,939	70,728
<b>25</b>	<b>Total assets</b>	167,436	165,944
<b>26</b>	<b>Total liabilities</b> (describe ▶ See Statement 5 )	14,663	8,250
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	152,773	157,694

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Recreation for seniors

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

<b>28</b>	Bingo - approximately 700 participants monthly				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>			127,531
<b>29</b>	Bridge sessions and instruction approximately 800 participants monthly. Bridge tournament held during the year.				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>			40,019
<b>30</b>	Rental fees - provide facility for exercise, art and dance classes, shuffleboard as well as medical clinic, legal and family counseling services - serve approximately 1000 people monthly				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>			15,109
<b>31</b>	Other program services (attach schedule) See Statement 6				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>			19,138
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>			201,797

**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
Emmee Harmon Hanna 2785 Leisure Way Melbourne FL 32935	President 20.00	0	0	0
Gloria Robinson 2785 Leisure Way Melbourne FL 32935	Secretary 20.00	0	0	0
Betty Byers Norwalk 2785 Leisure Way Melbourne FL 32935	Treasurer 20.00	0	0	0
Walter Murphy 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Elaine Edgeton 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Jay Koeller 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Robert Ezell 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Betty Williams 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Dick Robinson 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Cliff Bennett 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Debra Guess 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Fayrene Miller 2785 Leisure Way Melbourne FL 32935	Director 20.00	0	0	0
Pamela Page 2785 Leisure Way Melbourne FL 32935	Honorary Dir 10.00	0	0	0

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," attached 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?	X	
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
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 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		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	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: 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		FL
42a	The organization's books are in care of Wickham Park Senior Ctr A Telephone no. 321-255-4494 2785 Leisure Way Located at Melbourne, FL ZIP + 4 32935		
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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		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:		X
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		
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.

	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
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
None				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d 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 attachments, if any, and believe 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 ▶ Edine B Dinho CPA

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Janes Dinho & O'Keefe  
4875 N Wickham Rd  
Melbourne, FL 32909

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



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 **First five years.** 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

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3 % support test—2008.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</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 stop here. 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—2008.</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 stop here. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") .....	7,162	8,534	9,837	29,651	21,726	76,910
<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 .....	133,611	147,008	148,552	162,447	225,312	816,930
<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	18,000	18,000	18,000	40,000	113,500
<b>6 Total.</b> Add lines 1 through 5	160,273	173,542	176,389	210,098	287,038	1,007,340
<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 \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						1,007,340

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	160,273	173,542	176,389	210,098	287,038	1,007,340
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,687	3,832	3,425	1,789	1,035	12,768
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					1,061	1,061
<b>c</b> Add lines 10a and 10b	2,687	3,832	3,425	1,789	2,096	13,829
<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.)	162,960	177,374	179,814	211,887	289,134	1,021,169
<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 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.65%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	98.42%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	2%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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





Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0172

**2009**  
 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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2008 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 2010. 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 instr.)**

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	12,409

**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 2009	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 2009 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			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2009 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	Total. 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 instructions	22	12,409
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** (2009)

**Federal Statements**

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

Description	Amount
Dues - current year	\$ 20,794
Total	\$ 20,794

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Advertising Income	\$
Cost of Goods Sold	2,664
Expenses	
Advertising and Promotion	994
Office	11,211
Interest expense	332
Donations	1,440
Dues and subscriptions	35
Taxes and Licenses	367
Bingo Prizes	82,571
Bridge director fees	17,167
Bridge fees	3,275
Bridge tournament expense	2,093
Bridge teaching fees	773
Decorations	1,226
Dinners and refreshments	18,895
Entertainment	446
Room Rental Exp	100
Supplies	6,331
Travel expenses	11,581
Total	\$ 161,501

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Adjust fund balances for py adjustment	\$ 116
PY donations accrued but not paid until 2009	1,114
Book / Tax Deprec Difference	-6
Total	\$ 1,224

## Federal Statements

### Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges	\$ 2,671	\$ 3,031
Equipment	77,512	85,963
Less Accumulated Depreciation	12,597	24,894
Leasehold Improvements	2,301	2,301
Less Accumulated Depreciation	48	163
Deposits	100	4,490
	<u>69,939</u>	<u>70,728</u>

### Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Sales tax payable	\$ 139	\$ 374
Contributions payable	1,114	
Due to Bridge Players	2,520	
Rental Security Deposit	400	
Due for CPR equipment		320
Mortgage and Other Notes Payable	10,490	7,556
	<u>14,663</u>	<u>8,250</u>

# Federal Statements

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service  
Accomplishments**

Description

Travel - provide trips for members to local tourist areas and provide seniors with opportunities for cruises and bus trips to distant locations - 120 participants during the year