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Form 990-EZ

Department of the Treasury Internal Revenue Service

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.

▶ 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

			nd ending	2	8-31, 20 10			
$\overline{}$	heck if at	oplicable Please C Name of organization		7	er identification	number		
=	Address c	label or / 1/1/// 8. 425	,, , ,	6062061				
=	Name cha Initial retu	print or Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephor	ne number	0171		
=	Terminate	see 20 FAXOV 3/1		181	'-843 <u>-</u>	764		
	Amended			F Group I	Exemption			
	Applicatio	in pending BRAINTREE, MA 02184		Number ▶				
	• Sect	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accour	nting Meth	od 🗹 Cash	☐ Accrual		
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify) 🕨	•			
		and an analysis of the control of th	H Check	▶ 🔲 ıf tl	he organization	ı ıs not		
	Vebsit		_ require	d to attacl	h Schedule B (Form 990,		
JT	ax-exe	mpt status (check only one) — 🗹 501(c) (🧷) ◀ (insert no) 🗌 4947(a)(1) or 🔲 527	990-EZ	^z , or 990-F	PF)			
K	Check 🕨	If the organization is not a section 509(a)(3) supporting organization and its gross in	receipts are no	ormally no	t more than \$2	5,000 A		
F	Form 99	90-EZ or Form 990 return is not required, but if the organization chooses to file a return, b	e sure to file a	a complete	e return			
LA	dd lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead			\$			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	s (See the	instructi	ons for Part	1.)		
	1	Contributions, gifts, grants, and similar amounts received		<u>L</u>	1 78	65.81		
	2	Program service revenue including government fees and contracts		1	2 61,4	<u>73.19</u>		
	3	Membership dues and assessments		. 📑	3 3,0	85.00		
	4	Investment income			4			
	5a	Gross amount from sale of assets other than inventory 5a						
_	b	Less: cost or other basis and sales expenses						
≝	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin			ic			
5 2	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gamin	g, check here ▶					
૱ §	а	Gross revenue (not including \$ of contributions		31				
≥		reported on line 1)						
100	b	Less: direct expenses other than fundraising expenses . 6b			3			
5	С	Net income or (loss) from special events and activities (Subtract line 6b from lin	ne 6a) . .	. 6	ic			
SCANNED	7a	Gross sales of inventory, less returns and allowances 7a			MIT I			
罗	b	Less: cost of goods sold						
Z	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<u>'c </u>				
Ă	8	Other revenue (describe ▶		— ′ —	8	77774 4.1		
တ	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9 /2,	427,00		
-	10	Grants and similar amounts paid (attach schedule)	<u>.</u>	_	0 (602100		
m	11	Benefits paid to or for members	1		1			
Se	12 13	Salaries, other compensation, and employee beliefits	:1	· · —	2 200	OF 31		
ĕ	14	Professional fees and other payments to independent contractors	۶۱.	_ _	$\frac{3}{4}$	(300)		
Expenses	15	Occupancy, rent, utilities, and maintenance	L I		4 43,0	100 0		
	16	Printing, publications, postage, and shipping	<u> </u>	· -	5	100.53		
	17	Other expenses (describe Total expenses. Add lines 10 through 16	' 	·	6 44-6	101 MI		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			7 64, 9	130.06		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		0 // 7	30,10		
\ss	'	end-of-year figure reported on prior year's return)	must agree		9 581	737.47		
et/	20	Other changes in net assets or fund balances (attach explanation)		ļ —	9 00/ 20			
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 2		176.30		
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or m	ore file For			990-F7		
(See the instructions for Part II) (A) Beginning of year (B) End of year								
22	: Ca	ash, savings, and investments		237, 4		676.38		
23		nd and buildings		500.	23 30	500.		
24		her assets (describe ▶	·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24	, , , , , , , , , , , , , , , , , , , ,		
25		otal assets .	-′		25			
26		otal liabilities (describe ▶	,		26			
27		et assets or fund balances (line 27 of column (B) must agree with line 21)	59	737.4	12 27 66	176.36		
For		y Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No 106	421		0-EZ (2009)		

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

Part	Statement of Program Service Acc	om	plishments (See the instr	uctions for Part II	I.)	T	Expenses		
What	What is the organization's primary exempt purpose? TEACHING						(Required for section		
Descr	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					0,000	c)(3) and 501(c)(4) nizations and section		
	er, describe the services provided, the numb	er o	of persons benefited, and of	other relevant info	rmation for	4947	(a)(1) trusts, optional		
	program title.					for ot	hers)		
28 .	TEXCHING PROGRAMS, SEA	N	RCITIZENS, 61	BRIDGE GA	465				
-	PER WEEK, REGIONAL, P BRIDGE GAME PARTI	مرر	TIUNAL AND	NTERMI	TONAL				
-	BRIDGE GAME PARTI	-/	PATION						
29	Grants \$) If this amo	ount	includes foreign grants, ch	eck nere		28a			
29									
-									
-	(Grants \$) If this amount includes foreign grants, check here ▶ [29a			
30	, ii dile di lie		molado foroign granto, on	CONTINUE .	<u>· · · · · · · · · · · · · · · · · · · </u>	1			
-									
				•••••					
9	Grants \$) If this amo	ount	ıncludes foreign grants, ch	eck here .	. ▶ 🗆	30a			
31 (Other program services (attach schedule)								
	Grants \$) If this amo	ount	includes foreign grants, ch	eck here	. ▶ 🗆	31a			
	Total program service expenses (add lines 2				▶	32			
Part	V List of Officers, Directors, Trustees, and	Key							
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	fit plans &			
	np.m= 00=1010		devoted to position	enter -0)	deferred comp	ensation	other allowances		
	OBERT PREVOIR EMILY JEFFERS RO, RANDO	אם	PRESIDENT-Z	0	0	•	0		
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					_				
190	LAKE SHORE DA. DUXBURT A	44	TREASURER-6	0		7	0		
He	MY DALEY		Aunumn - 7				0		
16	RUYAL LAKE RD, BRAINTREE	H	HUDITUR- Z	0	0				
MI	ILUAM HANNON LAKE SHORE DR. DULBURT M ENRY DALEY RUYAL LAKE RD, BRAINTREE BRK BATCHBUPER II LINDEN PUNDS HINGHAM,		LAZIET MR 3	0	0		0		
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Part	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	33		/		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V		
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					
а	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?			V		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		V		
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	36		レ		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	199	25524	!		
b	Did the organization file Form 1120-POL for this year?	37b				
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?	38a				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u> </u>	1 * 6 136	31.5		
39						
	Section 501(c)(7) organizations. Enter			£893		
a	Initiation fees and capital contributions included on line 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
40a	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 ▶					
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	40b				
С	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					
е	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	40e				
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ▶ W/LUAM HANNON Telephone no ▶ 78/			1099		
b						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No		
	If "Yes," enter the name of the foreign country ▶	300	% % t	1000		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		سُنا		
	If "Yes," enter the name of the foreign country: ▶					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .			• □		
	and enter the amount of tax-exempt interest received or accrued during the tax year	·	· •			
		ı	Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	4 745	162 202			
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.	44 45	ŠŠ(A)			
		_ 				

Part v	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt char	table trusts mus	i e trusts only. A it answer questio	II section ns 46–49	b	
		he organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	•	didates for public office? If "Yes," complete Schedule C, Part I					
	Oid the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	•	d the organization make any transfers to an exempt non-charitable related organization?					
	Complete this table for the organization's five h		vees (other than o	officers, directors, t		nd kev	
	employees) who each received more than \$100	,000 of compensation from	the organization.	If there is none, en	ter "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) Expe account other allow	and	
f 51	Total number of other employees paid over \$10 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde		ors who each reco	eived more	e than	
	(a) Name and address of each independent contracto			pe of service			
d	Total number of other independent contractors	each receiving over \$100,0					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration						
Sign Here	Signature of officer WILLIAM E. HANNE Type or pnnt name and title	ror N TREASURE	R PURITA	JO/I/IL Date W BRIDGE	e CL	UB	
Paid Prepare	Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying nur	mber (See instru	ictions)	
Use On	yours if self-employed),		EI	_			
May th	address, and ZIP + 4	un aboye? See instructions	Pt	none no	₹Voc □	No	
iviay III	e IRS discuss this return with the preparer show	vii above? See ilistructions	·····		Yes rm 990-E		

FORM 990-EZ 2009

PURITAN BRIDGE CLUB EID # = 04 6062061

SCHEDULE FOR LINE 10, FORM 990-EZ

ITEM 1. \$500.00 SCHOLARSHIP GIVEN TO TOWN OF BRAINTREE MA SCHOLARSHIP COMMITTEE FOR A GRADUATING SENIOR GOING TO COLLEGE

ITEM 2. \$162.00 GIVEN TO VARIOUS CHARITIES IN ASSOCIATION WITH SPECIAL BRIDGE GAMES

COMBINED TOTAL = \$662.00