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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, 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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization VOLUSIA MANUFACTURERS ASSOCIATION		D Employer identification number 59-2119052
Number and street (or P O box, if mail is not delivered to street address) 3 BLOCKHOUSE COURT		E Telephone number (386) 673-0505
City or town, state or country, and ZIP + 4 ORMOND BEACH, FL 32174		F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____

I Website: ► VMAONLINE.COM

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though 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 ► \$ 162,526

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 ►

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	35,729
	3 Membership dues and assessments	3	69,150
	4 Investment income	4	968
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ 56,679 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	34,872
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	21,807
	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 in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,654
	10 Grants and similar amounts paid (list in Schedule O)	10	
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	72,248
	13 Professional fees and other payments to independent contractors	13	1,800
	14 Occupancy, rent, utilities, and maintenance	14	4,583
	15 Printing, publications, postage, and shipping	15	6,809
	16 Other expenses (describe in Schedule O)	16	50,132
	17 Total expenses. Add lines 10 through 16	17	135,572
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,918
	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)	19	84,562
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	76,644

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)

	(A) Beginning of year	(B) End of year	
22	85,171	22	76,403
		23	
24	496	24	298
25	85,667	25	76,701
26	1,105	26	57
27	84,562	27	76,644

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE PURPOSE OF THE VOLUSIA MANUFACTURERS ASSOCIATION IS TO PROVIDE INFORMATION, EDUCATION, AND NETWORKING OPPORTUNITIES FOR LOCAL MANUFACTURER'S

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)

28 NETWORKING IN THE BUSINESS SECTOR PLANT TOURS & SHOWCASE PRODUCTS PRODUCED IN THE AREA AT THE DAYTONA BEACH INTERNATIONAL AIRPORT 1,738 SERVED
 (Grants \$ 0) If this amount includes foreign grants, check here . . . ► **28a** 0

29(Grants \$) If this amount includes foreign grants, check here . . . ► **29a****30**(Grants \$) If this amount includes foreign grants, check here . . . ► **30a****31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here . . . ► **31a****32** Total program service expenses (add lines 28a through 31a)**32****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

(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
See Additional Data Table				

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No

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, explain in Schedule O why the organization did not report the income on Form 990-T 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions) 35b

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 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b

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 tax year covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 *Section 501(c)(7) organizations.* Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

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 40c

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d

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 40e Yes No

41 List the states with which a copy of this return is filed 41

42a The organization's books are in care of 42a **JAYNE FIFER** Telephone no 42a **(386) 673-0505**
3 BLOCKHOUSE COURT
Located at 42a **ORMOND BEACH, FL** ZIP + 4 42a **32174**

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)? 42b Yes No
If "Yes," enter the name of the foreign country 42b
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No
If "Yes," enter the name of the foreign country 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.* 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ* 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
44a	<input type="checkbox"/>	<input type="checkbox"/>
44b	<input type="checkbox"/>	<input type="checkbox"/>
44c	<input type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45		No
45a		No
46		No

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.

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

50(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

51(d) Total number of other independent contractors each 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

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.

Sign Here	***** Signature of officer JAYNE FIFER PRESIDENT/CEO Type or print name and title	2011-06-02 Date	
	Preparer's signature MIKE SIBLEY	Date 2011-05-27 Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 JAMES MOORE & CO PL 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 321141180	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/> (386) 257-4100

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

Additional Data

Software ID:
Software Version:
EIN: 59-2119052
Name: VOLUSIA MANUFACTURERS ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JAYNE FIFER 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	PRESIDENT/CEO 40 00	58,786	8,884	0
REBA MACLAGAN 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	CHAIR 2 00	0	0	0
PETE VON LERSNER 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	IMMEDIATE PAST CHAIR 2 00	0	0	0
JOHN FERGUSON 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
STEVE HALL 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
DORRIE SAWYER 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
BISSY HOLDEN 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
JIM ZAHNEN 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
ROY BRADDY 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
MIKE SIBLEY 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
PAT GRAY 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0
JIM TOWNSEND 3 BLOCKHOUSE COURT ORMOND BEACH, FL 32174	DIRECTOR 2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

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

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

Name of the organization

VOLUSIA MANUFACTURERS ASSOCIATION

Employer identification number

59-2119052

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>AWARDS BANQUET</u> (event type)	<u>SMALL MANUFACTURER'S EXPO</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
1	Gross receipts . . .	19,365	18,475	18,839	56,679
2	Less Charitable contributions . . .				
3	Gross income (line 1 minus line 2) . . .	19,365	18,475	18,839	56,679
4	Cash prizes . . .				
5	Non-cash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses .	12,796	9,723	12,353	34,872
10	Direct expense summary Add lines 4 through 9 in column (d)				34,872
11	Net income summary Combine lines 3 and 10 in column (d)				21,807

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col (a) through col (c))			
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses . . .				
6	Volunteer labor . . .	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

VOLUSIA MANUFACTURERS ASSOCIATION

Employer identification number

59-2119052

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 968

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TRAVEL AMOUNT 3,316 DESCRIPTION MISCELLANEOUS AMOUNT 2,792 DESCRIPTION TELEPHONE AMOUNT 4,008 DESCRIPTION SUPPLIES AMOUNT 1,152 DESCRIPTION COMPUTER SERVICES & WEBSITE EXPENSE AMOUNT 14,943 DESCRIPTION INSURANCE AMOUNT 1,733 DESCRIPTION AWARDS AMOUNT 3,594 DESCRIPTION SEMINARS & MEETING AMOUNT 16,261 DESCRIPTION EQUIPMENT AMOUNT 50 DESCRIPTION CREDIT CARD FEES AMOUNT 2,024 DESCRIPTION FEES & TAXES AMOUNT 61 DESCRIPTION DEPRECIATION AMOUNT 198 TOTAL TO FORM 990-EZ, LINE 16 50,132

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 496 END OF YEAR AMOUNT 298

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE & ACCRUED EXPENSES BEG OF YEAR AMOUNT 1,105 END OF YEAR AMOUNT 57

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: VOLUSIA MANUFACTURERS ASSOCIATION

EIN: 59-2119052

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.