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2011

Open to Public  
Inspection

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

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning 07-01-2011**

**, and ending 06-30-2012**

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C Name of organization</b>	SERVICE CLUB OF MANATEE COUNTY FL INC
C/O EILEEN HOFFNER	
<b>Number and street (or P O box, if mail is not delivered to street address)</b>	Room/suite
2103 27TH AVE BLVD W	
<b>City or town, state or country, and ZIP + 4</b>	
PALMETTO, FL 34221	

**D Employer identification number**

59-6166706

**E Telephone number**

(941) 792-8967

**F Group Exemption  
Number**



**G Accounting method**  Cash  Accrual **Other (specify)** ► \_\_\_\_\_

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

**I Website:** ► [WWW.MANATEESERVICECLUB.COM](http://WWW.MANATEESERVICECLUB.COM)

**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**K Check**  **if the organization is not a section 509(a)(3) supporting organization or a section 527 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** ► \$ 135,305

### 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 62,279
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 4,676
	4 Investment income . . . . .	4 114
	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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 68,236
	c Less direct expenses from gaming and fundraising events . . . . .	6c 32,307
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d 35,929
	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 . . . . .	9 102,998
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 99,046
Net Assets	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 . . . . .	14 1,275
	15 Printing, publications, postage, and shipping . . . . .	15 357
	16 Other expenses (describe in Schedule O) . . . . .	16 3,480
	17 Total expenses. Add lines 10 through 16 . . . . .	17 104,158
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -1,160
	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 7,275
	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 6,115

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	7,275	<b>22</b> 6,115
<b>23 Land and buildings</b>	23	
<b>24 Other assets (describe in Schedule O)</b>	24	
<b>25 Total assets</b>	7,275	<b>25</b> 6,115
<b>26 Total liabilities (describe in Schedule O)</b>	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 25 of column (B) <b>must</b> agree with line 21)	7,275	<b>27</b> 6,115

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

What is the organization's primary exempt purpose?

TO FURNISH AID TO CHILDREN AND/OR NEEDY INDIVIDUALS OF MANATEE COUNTY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 )

<b>28 SERVICE CLUB OF MANATEE PROVIDED FUNDS TO VARIOUS CHARITABLE ORGANIZATIONS</b> (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	90,046
<b>29 SERVICE CLUB OF MANATEE PROVIDED FUNDS FOR RENOVATION OF COMMUNITY HAVEN FOR ADULTS AND CHILDREN WITH DISABILITIES</b> (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	9,000
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<input type="checkbox"/>	<b>32</b>	99,046

**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 <b>(If not paid, enter -0-.)</b>	(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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**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)

**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

**a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**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

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

**b** Did the organization file **Form 1120-POL** for this year?

**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?

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

**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 **0**, section 4912 **0**, section 4955 **0**

**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

**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 **0**

**d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **0**

**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

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

**42a** The organization's books are in care of **EILEEN HOFFNER** Telephone no **(941) 722-2966**

Located at **2103 27TH AVE BLVD W**

**42b** ZIP + 4 **34221**

**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.**

**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 **\_\_\_\_\_**

**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

**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**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*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**45b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>35c</b>		No
<b>36</b>		No
<b>37a</b>	<b>0</b>	
<b>37b</b>		
<b>38a</b>		No
<b>38b</b>		
<b>39a</b>		
<b>39b</b>		
<b>40a</b>		
<b>40b</b>		No
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		No
<b>41</b>	<b>FL</b>	
<b>42a</b>		
<b>42b</b>		
<b>42c</b>		No
<b>43</b>		
<b>44a</b>		No
<b>44b</b>		
<b>44c</b>		
<b>44d</b>		
<b>45a</b>		No
<b>45b</b>		

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>46</b>		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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		No

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

	Yes	No
<b>48</b>		No

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

	Yes	No
<b>49a</b>		No

**b** If "Yes," was the related organization a section 527 organization?

	Yes	No
<b>49b</b>		

**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

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer EILEEN HOFFNER TREASURER Type or print name and title	2012-10-18 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/> JEFFREY L KING CPA	Date 2012-10-18	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00153265
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> MAULDIN & JENKINS LLC 1301 SIXTH AVENUE WEST SUITE 600 BRADENTON, FL 342057440			EIN <input type="checkbox"/> 59-2526264
				Phone no <input type="checkbox"/> (941) 747-4483

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

Yes  No

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
SERVICE CLUB OF MANATEE COUNTY FL INC  
C/O EILEEN HOFFNER

Employer identification number

59-6166706

**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 (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **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)**.

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)**.

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

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 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?

h  Provide the following information about the supported organization(s)

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

(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</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	►
b <b>33 1/3% support test—2010.</b> If the organization did not check the 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	►
17a <b>10%-facts-and-circumstances test—2011.</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	►
b <b>10%-facts-and-circumstances test—2010.</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	►
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	►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	65,831	55,459	63,314	61,023	62,279	307,906
2 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	66,704	43,073	61,729	66,883	72,912	311,301
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	132,535	98,532	125,043	127,906	135,191	619,207
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	50,000	35,000	45,000	45,000	45,000	220,000
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						0
c Add lines 7a and 7b	50,000	35,000	45,000	45,000	45,000	220,000
<b>8 Public Support</b> (Subtract line 7c from line 6 )						399,207

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	132,535	98,532	125,043	127,906	135,191	619,207
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	708	404	324	194	114	1,744
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	708	404	324	194	114	1,744
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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 )	133,243	98,936	125,367	128,100	135,305	620,951

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	64 290 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	64 120 %

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 280 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 410 %
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-6166706  
**Name:** SERVICE CLUB OF MANATEE COUNTY FL INC  
C/O EILEEN HOFFNER

### Form 990-EZ, Special Condition Description:

#### Special Condition Description

### 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
VICKI ZULANAS 411 HILLCREST DR BRADENTON, FL 34209	PRESIDENT 2 00	0	0	0
MARCI WALLACE 15433 MULHOLLAND RD PARRISH, FL 34219	VICE PRESIDENT 2 00	0	0	0
BEVERLY ACQUARO 652 HILLCREST DR BRADENTON, FL 34221	RECORDING SECRETARY 2 00	0	0	0
SANDY SCROGGINS 4300 RIVERVIEW BLVD BRADENTON, FL 34209	CORRESPONDING SECRETARY 2 00	0	0	0
KAYE BUTLER 2412 LANDINGS CIR BRADENTON, FL 34209	ASSISTANT TREASURER 2 00	0	0	0
PAULA HAWKINS 321 32ND STREET WEST BRADENTON, FL 34205	REPORTER 2 00	0	0	0
JAN PULLEN 8811 11TH AVENUE TERRACE NW BRADENTON, FL 34209	PARLIAMENTARIAN 2 00	0	0	0
CONNIE DOLIN 8111 12TH AVE NW BRADENTON, FL 34209	IMMEDIATE PAST PRESIDENT 2 00	0	0	0
EILEEN HOFFNER 2103 27TH AVENUE BLVD W PALMETTO, FL 34221	TREASURER 0 00	0	0	0

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**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.

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

59-6166706

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

**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>ANTIQUE SHOW</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	68,236			68,236
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	68,236			68,236
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	7,577			7,577
	7 Food and beverages . . .	2,037			2,037
	8 Entertainment . . .				
	9 Other direct expenses . . .	22,693			22,693
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 32,307 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				35,929

**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))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	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

<b>13a</b>	
<b>13b</b>	

**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 questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

2011

Open to Public  
Inspection**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.Name of the organization  
SERVICE CLUB OF MANATEE COUNTY FL INC  
C/O EILEEN HOFFNEREmployer identification number  
59-6166706

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 114
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME ART CENTER OF MANATEE COUNTY GRANTEE ADDRESS 209 9TH STREET WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME BIG BROTHERS BIG SISTERS OF SUN COAST, INC GRANTEE ADDRESS 1201 6TH AVENUE WEST, #306 BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME BOYS AND GIRLS CLUB OF MANATEE COUNTY, INC GRANTEE ADDRESS 6220 MANATEE AVE W BRADENTON, FL 34209 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME COMMUNITY COALITION ON HOMELESSNESS GRANTEE ADDRESS 701 17TH AVE W BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 6,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME COMMUNITY FOR ADULT & CHILDREN WITH DISABILITIES, GRANTEE NAME COMMUNITY FOR ADULT & CHILDREN WITH DISABILITIES, GRANTEE ADDRESS 4405 DESOTO ROAD SARASOTA, FL 34235 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 9,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME FLORIDA CAMP FOR CHILDREN & YOUTH WITH DIABETES, GRANTEE NAME FLORIDA CAMP FOR CHILDREN & YOUTH WITH DIABETES, GRANTEE ADDRESS P O BOX 14136 GAINESVILLE, FL 34210 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME JUST FOR GIRLS - MANATEE COUNTY GIRLS CLUB GRANTEE ADDRESS 7361 MERCHANT COURT LAKWOOD RANCH, FL 34240 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME MANASOTA SOLVE, INC GRANTEE ADDRESS 1509 8TH AVENUE WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME GIRL SCOUTS OF GULF COAST FL GRANTEE ADDRESS 4780 CATTLEMEN ROAD SARASOTA, FL 34243 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME MANATEE GLENS GRANTEE ADDRESS 391 6TH AVENUE WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME MANATEE PLAYERS GRANTEE ADDRESS 102 OLD MAIN STREET BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME PACE CENTER FOR GIRLS GRANTEE ADDRESS 3508 26TH ST W BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,300
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME ST. JOSEPH'S CATHOLIC CHURCH FOOD PANTRY GRANTEE ADDRESS 3100 26TH STREET WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME CARENET MANASOTA PREGNANCY CENTER GRANTEE ADDRESS 5111 26TH STREET WEST BRADENTON, FL 34207 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME EASTER SEALS SOUTHWEST FLORIDA GRANTEE ADDRESS 350 BRADEN AVENUE SARASOTA, FL 34243 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME YOUNG LIFE GRANTEE ADDRESS PO BOX 14876 BRADENTON, FL 34280 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME OUR DAILY BREAD GRANTEE ADDRESS 701 18TH AVE W BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME SOUTH FLORIDA MUSEUM GRANTEE ADDRESS 201 10TH ST W BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME E F E L T (ELKS FEEDING EMPTY LITTLE TUMMIES) GRANTEE ADDRESS 2511 75TH STREET WEST BRADENTON, FL 34209 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 15,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME FAMILY PARTNERSHIP CENTER GRANTEE ADDRESS 918 TAMIANI TRAIL BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME FOUNDATION FOR DREAMS GRANTEE ADDRESS 16110 DREAM OAKS PLACE BRADENTON, FL 34212 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 7,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME HEALTHY TEENS COALITION OF MANATEE GRANTEE ADDRESS MANATEE COUNTY BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME HOPE FAMILY SERVICES GRANTEE ADDRESS 1201 8TH AVENUE WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME STILLPOINT HOUSE OF PRAYER GRANTEE ADDRESS 1608 14TH STREET WEST, PO BOX 619 BRADENTON, FL 34206 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME WOMEN'S RESOURCE CENTER GRANTEE ADDRESS 1926 MANATEE AVENUE WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE ORGANIZATION GRANTEE NAME F E L T OF MANATEE GRANTEE ADDRESS 211 25TH ST WEST BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 2,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION WELFARE GRANTEE NAME VARIOUS INDIVIDUALS AND ORGANIZATIONS GRANTEE ADDRESS MANATEE COUNTY BRADENTON, FL 34205 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 4,046 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 99,046
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION STATE REGISTRATION AMOUNT 61 DESCRIPTION LUNCHEONS AMOUNT 3,090 DESCRIPTION SUPPLIES AMOUNT 96 DESCRIPTION MISCELLANEOUS AMOUNT 233 TOTAL TO FORM 990-EZ, LINE 16 3,480

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** SERVICE CLUB OF MANATEE COUNTY FL INC  
C/O EILEEN HOFFNER

**EIN:** 59-6166706

**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.