

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2006**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code *aria*  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2006 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <i>Soci</i> <b>THE DEADLINE CLUB</b>		<b>D</b> Employer identification number 13-6169160
		Number and street (or P.O. box, if mail is not delivered to street address) <b>47 FIFTH AVENUE</b>	Room/suite	<b>E</b> Telephone number 347-637-8370
		City, town, or country <b>NEW YORK</b>	State <b>NY</b>	ZIP + 4 <b>10003</b>
<b>F</b> Group Exemption Number ▶ <b>0423</b>				<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

**I** Website: ▶ *www.deadlineclub.org*

**J** Organization type (check only one)—  501(c) ( *6* ) (insert no)  4947(a)(1) or  527

**H** 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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9b to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **45,559**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

		Received 500A		10/18/2010	
Revenue	1	Contributions, gifts, grants, and similar amounts received	1		0
	2	Program service revenue including membership fees and contracts	2		2,260
	3	Membership dues and assessments	3		5,320
	4	Investment income	4		179
	5a	Gross amount from sale of assets other than inventory	5a	0	
	5b	Less: cost or other basis and sales expenses	5b	0	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c		0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	37,800	
b	Less: direct expenses other than fundraising expenses	6b	29,346		
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		8,454	
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 (line 7a less line 7b)	7c		0	
8	Other revenue (describe ▶ )	8		0	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9		16,213	
Expenses	10	Grants and similar amounts paid (attach schedule)	10		0
	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		11,437
	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe ▶ See attached statement )	16		4,023
17	<b>Total expenses</b> (add lines 10 through 16)	17		15,460	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18		753
	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		12,699
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21		13,452

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

		(See page 51 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			10,631	22 10,996
23	Land and buildings				23
24	Other assets (describe ▶ See attached statement )			2,068	24 2,456
25	<b>Total assets</b>			12,699	25 13,452
26	<b>Total liabilities</b> (describe ▶ )			0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)			12,699	27 13,452

SCANNED OCT 12 2010

*P 10/12*

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Literary Professional Journalism</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Held the annual dinner and awards presentations to recognize achievement in journalism Maintained a journalism hall of fame  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	Conducted educational workshops and networking events for members.  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	Worked with the Deadline Club Foundation to offer scholarships to students.  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 of the instructions.)				
(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
Name <u>Schedule</u> Str City <u>Attached</u> ST ZIP	Title Hr/WK	0	0	0
Name _____ Str City _____ ST ZIP	Title Hr/WK			
Name _____ Str City _____ ST ZIP	Title Hr/WK			
Name _____ Str City _____ ST ZIP	Title Hr/WK			

<b>Part V Other Information</b> (Note the statement requirement in General Instruction 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 but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	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		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ \_\_\_\_\_ 0
- d** 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? . . . . .
- |            | Yes | No |
|------------|-----|----|
| <b>40b</b> |     |    |
| <b>40e</b> |     | X  |
- 41** List the states with which a copy of this return is filed ▶ \_\_\_\_\_
- 42 a** The books are in care of ▶ Name Peter Szekely Telephone no. ▶ 347-637-8370  
 Located at ▶ 47 Fifth Avenue City New York ST NY ZIP + 4 ▶ 10003
- 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.
- 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 ▶ \_\_\_\_\_
- |            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | 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 . . . . . ▶ 43 N/A

**Please Sign Here**

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

Signature of officer Rebecca Baker Date 8/15/10

Type or print name and title REBECCA BAKER, PRESIDENT

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**Paid Preparer's Use Only**

Preparer's signature Patricia Armstrong, CPA Date 8/5/10 Check if self-employed  Preparer's SSN or PTIN (See Gen Inst X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 Patricia Armstrong, CPA EIN \_\_\_\_\_  
233 W 99th Street Suite 3A, New York, NY 10025 Phone no 212-663-8260

The Deadline Club  
990-EZ Schedule  
December 31, 2006

13-6169160

Part I - Line 16 - Other Expenses

	<u>Amount</u>
Bank Charges	\$ 1,108
Dues	500
Meeting Expenses	500
Miscellaneous expenses	563
Telephone	<u>1,352</u>
 Total other expenses	 <u>\$ 4,023</u>

Part II - Line 24 - Other Assets

	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ 2,068	\$ 893
Other receivable	-	313
Prepaid expenses	-	625
Security Deposit	<u>-</u>	<u>625</u>
 Total Other Assets	 <u>\$ 2,068</u>	 <u>\$ 2,456</u>

Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? NO
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? NO

The Deadline Club  
990-EZ Schedule  
December 31, 2006

13-6169160

Part IV - List of Officers, Directors, etc.

<u>Name/Address</u>	<u>Title</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
David Joachim c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	President 6hrs/wk	0	NONE	NONE
Tim Paradis c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	First President 4 hrs/wk	0	NONE	NONE
Rebecca Baker c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Vice President 3 hrs/wk	0	NONE	NONE
Karen Loew c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Vice President 2.5 hrs/wk	0	NONE	NONE
Brandon McCoy c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Vice President 3 hrs/wk	0	NONE	NONE
Rachel Nielsen c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Vice President 3 hrs/wk	0	NONE	NONE
Rich Wagner c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Vice President 2.5 hrs/wk	0	NONE	NONE
Jo Anne Murphy c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Secretary 1.5 hrs/wk	0	NONE	NONE
Paul Wachsmith c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Assistant Secretary 1 hr/wk	0	NONE	NONE
Robert Anthony c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Treasurer 2 hrs/wk	0	NONE	NONE
Kemi Osukoya c/o The Deadline Club 47 Fifth Avenue New York, NY 10003	Assistant Treasurer 1 hr/wk	0	NONE	NONE