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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 $1,000,000 and total assets less than $2,500,000 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.*

Form **990-EZ**

Department of the Treasury Internal Revenue Service

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: WASHINGTON CLUB

Number and street (or P.O. box, if mail is not delivered to street address): E GRIFFITH STREET & VIRGINIA AVENUE

Room/suite:

City, town, or country: PENNS GROVE

State: NJ

ZIP + 4: 08069

D Employer identification number: 22-6064999

E Telephone number: (856) 299-5232

F Group Exemption Number ► N/A

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

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: ► N/A

J Organization type (check only one)— ☒ 501(c) (7) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 232,522

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	6,340
	4	Investment income		4	655
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 225,527		
	b	Less: cost of goods sold	7b 89,940		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	135,587
	8	Other revenue (describe ►)		8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	142,582
Expenses	10	Grants and similar amounts paid (attach schedule)		10	499
	11	Benefits paid to or for members		11	84
	12	Salaries, other compensation, and employee benefits		12	79,834
	13	Professional fees and other payments to independent contractors		13	3,845
	14	Occupancy, rent, utilities, and maintenance		14	69,044
	15	Printing, publications, postage, and shipping		15	585
	16	Other expenses (describe ► See attached statement)		16	11,764
	17	Total expenses. Add lines 10 through 16 ►		17	165,655
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-23,073
	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	91,142
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	68,069

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	79,509	22	45,931
23	Land and buildings	12,171	23	26,559
24	Other assets (describe ► See attached statement)	12,969	24	8,008
25	Total assets	104,649	25	80,498
26	Total liabilities (describe ► See attached statement)	13,507	26	12,429
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,142	27	68,069

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

IRS Received Date 02-01-10

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

What is the organization's primary exempt purpose? ITALIAN AMERICAN SOCIAL CLUB

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.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a 0
29		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a 0
30		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a 0
31	Other program services (attach schedule)	
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a 0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name EDWARD A CLINE Str 72 N VIRGINIA AVEN City PENNS GROVE ST NJ ZIP 08069	Title TREAS Hr/WK 5.00	1,800	0	0
Name CAROL BODEN Str 72 N VIRGINIA AVEN City PENNS GROVE ST NJ ZIP 08069	Title ASST TREAS Hr/WK 4.00	960	0	0
Name PHYLLIS PLAGGE Str 72 N VIRGINIA AVEN City PENNS GROVE ST NJ ZIP 08069	Title PRES Hr/WK 10.00	0	0	0
Name ROSEANN CHIACCH Str 72 N VIRGINIA AVEN City PENNS GROVE ST NJ ZIP 08069	Title V/PRES Hr/WK 2.00	0	0	0
Name TINA CLEMENTE Str 72 N VIRGINIA AVEN City PENNS GROVE ST NJ ZIP 08069	Title SECY Hr/WK 2.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			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		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	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?	37b		X
38 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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 59,165			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b		
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 ▶			
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		X

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

42 a The books are in care of ▶ Name EDWARD A CLINE Telephone no. ▶ (856) 299-4411

Located at ▶ 194 S DUPONT ROAD City CARNEYS POINT ST NJ ZIP + 4 ▶ 08069

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
5	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		
7	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
8	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
9 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Name None Str	Title			
City ST ZIP	Hr/Wk .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/Wk .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/Wk .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/Wk .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/Wk .00	0	0	0
Total number of other employees paid over $100,000 ▶		0	0	0

51 Complete this table for the 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
Name None Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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 — Date 1/25/10

Phyllis B Plagge — Type or print name and title. Date 1/25/10

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instructions)
Edward A. Cline	1/23/2010	[X]	P00022715

Firm's name (or yours if self-employed), address, and ZIP +4: CLINE'S TAX SERVICE, 194 S DUPONT ROAD, CARNEYS POINT, NJ 08069 — EIN ▶ 59-2661331 — Phone no. ▶ 856-299-4411

May the IRS discuss this return with the preparer shown above? See instructions ▶ [ ] Yes [ ] No

Do not correspond for signature
C is case

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2008

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
WASHINGTON CLUB	990EZ	22-6064999

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	19,009
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	0
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	0
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	0	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,729
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property		19,009	7	HY	200DB	2,716
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	178
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,623
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	AUTISM	APRILS RUN						
2	POLICE DRUG PROGRAM	H.E.L.P.			PENNS GROVE	NJ	08069	
3	HIGH SCHOOL GRANT	PGG CP HIGH SCHOOL		HARDING HWY	CARNEYS POINT	NJ	08069	
4								
5								
6								
7								
8								
9								
10								

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Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
100		CASH						
199		CASH						
200		CASH						

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Part I, Line 16 (990-EZ) - Other Expenses 11,764

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	4,623
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	3,213
9	Telephone	9	2,279
10	Unrelated business income taxes	10	
11	BANK CHARGES	11	15
12	ADVERTISING	12	1,634
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

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Part II, Line 24 (990-EZ) - Other Assets

12,969 8,008

	Description	Beginning	End
1	ACCOUNTS RECEIVABLE	3,391	1,328
2	INVENTORIES	9,578	6,680
3			
4			
5			
6			
7			
8			
9			
10			

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Part II, Line 26 (990-EZ) - Liabilities

		13,507	12,429
	Description	Beginning	End
1	ACCOUNTS PAYABLE	6,186	7,029
2	DEFERRED REVENUE	7,321	5,400
3			
4			
5			
6			
7			
8			
9			
10			

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