Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

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

C Name of organization
WASHINGTON TWSP PANTHER FOOTBALL INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
81 BRASS CASTLE ROAD

City or town, state or country, and ZIP + 4
WASHINGTON NJ 07882

D Employer identification number
22-3643082

E Telephone number
908-689-1934

F Group Exemption Number ▶

- **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) ▶

I Website: ▶

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

J Tax-exempt status (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 $500,000 or more, file Form 990 instead of Form 990-EZ . ▶ $ 52,565.

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 7,587.
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3
	4	Investment income			4
	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	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☒			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	18,944.	
	b	Less. direct expenses other than fundraising expenses	6b	10,834.	
	c	Net income or (loss) from special events and activities. (Subtract line 6b from line 6a)			6c 8,110.
	7a	Gross sales of inventory, less returns and allowances	7a	12,704.	
	b	Less. cost of goods sold	7b	7,053.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 5,651.
	8	Other revenue (describe ▶ REGISTRATION FEES)			8 13,330.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			▶ 9 34,678.
Expenses	10	Grants and similar amounts paid (attach schedule)			10
	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			14 885.
	15	Printing, publications, postage, and shipping			15
	16	Other expenses (describe ▶ SEE ATTACHED)			16 31,057.
	17	**Total expenses.** Add lines 10 through 16			▶ 17 31,942.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 2,736.
	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 4,103.
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year Combine lines 18 through 20			▶ 21 6,839.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	4,103.	22	6,839.
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	4,103.	25	6,839.
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	4,103.	27	6,839.

SCANNED JUN 29 2010

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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? YOUTH FOOTBALL & CHEERING

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 TEACHING OVER 200 YOUNG CHILDREN THE SPORT OF FOOTBALL AND CHEERLEADING

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a**

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 (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

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 comp	(e) Expense account and other allowances
RANDY W KRIES - 81 BRASS CASTLE RD WASHINGTON, NJ 07882	PRES 2	0.	0.	
MELVILLE KRIES - 80 BRASS CASTLE RD WASHINGTON, NJ 07882	TREAS 2	0.	0.	
MELVILLE KRIES JR - 2 DALE AVE WASHINGTON, NJ 07882	VP 0	0.	0.	

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? 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 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 or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
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 39a			
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 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations 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 ▶

42a The organization's books are in care of ▶ MELVILLE KRIES Telephone no. ▶ 908-689-1934

Located at ▶ 80 BRASS CASTLE RD WASHINGTON, NJ ZIP + 4 ▶ 07882

			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)?	42b		X
	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 ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-- Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			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

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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 comp	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over $100,000 ▶

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

Melville L Kries Sr. — Signature of officer — Date 5/13/10

TREAS. MELVILLE L. KRIES SR. — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	[signature]	Date 5-13-10	Check if self-employed ▶ [X]
Preparer's identifying number (See instructions)	P00403211		
Firm's name (or yours if self-employed), address, and ZIP + 4	HESS & SMITH PON BOX 26 WASHINGTON, NJ 07882	EIN ▶ 22-3521386	Phone no ▶ 908-835-0804

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
WASHINGTON TWSP PANTHER FOOTBALL INC

Employer identification number
22 : 3643082

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and email 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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 GOLF OUTING (event type)	(b) Event #2 BUTTER BRAIDS (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	11573	6681		18254
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	11573	6681		18254
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7620			7620
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		3046		3046
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(10666)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				7588

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			1380	1380
Direct Expenses	2 Cash prizes			690	690
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			168	168
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(858)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				522

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities. NJ			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		✓
b	If "No," explain: Operates under the Washington Twsp Youth Assoc License.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		✓
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		✓
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?	12		✓

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 100 %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► MELVILLE KRIES			
	Address ► BRASS CASTLE RD WASHINGTON, NJ 07882			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		✓
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 of the third party:			
	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?	17a		✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $			

WASHINGTON TWSP PANTHERS INC
22-3643082

OTHER EXPENSES

INSURANCE	$	3,412.00
REGISTRATION & FEES	$	2,364 00
REFUNDS	$	530 00
REPAIRS	$	200.00
BACKGROUND CHECKS	$	150 00
BANK FEES	$	164.00
MISC	$	5,451 00
CLINIC	$	-
PROGRAMS	$	1,195 00
CLOTHING	$	2,831 00
TEAM PARTIES	$	152.00
PHONE	$	664 00
EQUIPMENT	$	12,232 00
GIFTS	$	117 00
SUPPLIES	$	1,595 00
TOTAL	$	31,057.00