Eorm 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)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

2009, and ending For the 2009 calendar year, or tax year beginning D Employer identification number R Check if applicable Name of organization Address change 22-3952159 NEXT LEVEL, INC use IRS Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number print or Initial return type (732) 407-215915 STOCKTON RD Termination Specific Instruc-tions City or town, state or country, and ZIP + 4 Amended return Group Exemption KENDALL PARK NJ 08824 Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Cash X Accrual Other (specify) > Check ► X If the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) 4947(a)(1) or Tax-exempt status (check only one) — X 501(c) (527 3) ◄ (insert no) Check X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts Membership dues and assessments 3 20,676 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5h **b** Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is fromgaming, check here a Gross revenue (not including\$ of contributions 6a reported on line 1) 6 b b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c 7 a 7a Gross sales of inventory, less returns and allowances 7b **b** Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 8 Other revenue (describe 9 20,676. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and amployee benefits 12 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maistenance Printing, publications, postage, and shipping Other expenses (describe). Esse Other Extenses Statement 13 13 14 14 15 15 20,195. 16 20,195. Total expenses. Add lines 10 through 16 17 17 481. Excess of (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 902. figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 383. Net assets or fund balances at end of year Combine lines 18 through 20 21 21

Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (B) End of year (See the instructions for Part II) (A) Beginning of year 1,383.

22 Cash, savings, and investments

23 Land and buildings 24 Other assets (describe ► 25 Total assets

26 Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21)

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383.

Form 990-EZ (2009) NEXT LEVEL, INC				<u>-39</u>	52159 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	(D	Expenses
What is the organization's primary exempt purpose? YO Describe what was achieved in carrying out to describe the services provided, the number of program title	DUTH BASKETBALL ne organization's exempt purp f persons benefited, or other	poses In a clear and co relevant information for	ncise manner, each	501 (orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28 The organization allowed	youths to participa	ate in Youth Bas	ket Leagues	10. 0	
(Grants \$ 0.) If th	nis amount includes foreign gr	rants, check here	▶]	28 a	0.
(Grants \$) If the	 nis amount includes foreign gr	rants, check here		29a	
30					
					1
(Grants \$) If the Other program services (attach schedules)	nis amount includes foreign gr e)	rants, check here	<u> </u>	30 a	
	nis amount includes foreign gr	rants, check here	<u> </u>	31 a	0.
Partity List of Officers, Directors		plovees. List each or	e even if not com		
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plar deferred compensa	to ns and	(e) Expense account and other allowances
Andre Porch				_	
15 Stockton Rd	PRESIDENT				
Kendall Park NJ 08824	20.00	0.		0.	
Daryl Charney 904 Danlia Circle	Vice President				
Kendall Park NJ 08810	30.00	0.		0.	
Clara Ross					
6406 Shadow Oaks Monmouth Jnct NJ 08852	Asst VIce President 5.00	0.		0.	
					<u>.</u>
				,	
		,			

		<u>-3952159</u>		Page 3
Ра	rt V Other Information (Note the statement requirements in the instrs for Part V.)		Ye	5 No
33	'Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed descreach activity	ription of		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the company of the compan			X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on For attach a statement explaining why the organization did not report the income on Form 990-T.	rm 990-T,		
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 reporting, and proxy tax requirements?	3(e) notice, 3 !	5a .	x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35	5 b	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets duri year? If 'Yes,' complete applicable parts of Schedule N	ing the	5	X_
	a 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?	0. 37	7 b	X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38	Ва	х
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		7	
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 39b		"	
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 ►	*		_
١	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 perior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-Yes,' complete Schedule L, Part I	erson in a -EZ? If	Ъ	X
•	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	40)e	X
41	List the states with which a copy of this return is filed New Jersey			
42	a The organization's books are in care of ► Andre Proch Located at ► 15 Stockton Rd Kendall Park NJ ZIP + 4	• <u>(732) 4(</u> • <u>08824</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority 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	over a	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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	42	?c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	• []
44			Ye	
45	of Form 990-EZ	'Yes.'	4	<u> </u>
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Form 990 must be completed instead of Form 990-EZ	4	5 '	X

	-2 (2003) NEXT DEVED, THE			22 3732.			age -
Part VI	Section 501(c)(3) organization	s and section 4947	(a)(1) nonexemp	t charitable trusts only	'. All se	ection	1
	`501(c)(3) organizations and sec	tion 494/(a)(1) not	nexempt charitat	ole trusts must answer	questic	ns	
`	46-49b and complete the tables	s for fines 50 and 5	I.				
46 Did th	ne organization engage in direct or indire	rt nolitical campaign ac	hivities on hehalf of o	or in opposition to candidates		Yes	No
for pu	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (C, Part I	arrange on bonian or t	or in appoint to carraidate	46		Х
	ne organization engage in lobbying activit				47		X
	e organization a school as described in se			hedule E	48		Х
	ne organization make any transfers to an				49 a		Х
	s,' was the related organization a section	•	J		49 b		_
50 Comp	plete this table for the organization's five byees) who each received more than \$10	nignest compensated el 0.000 of compensation	from the organization	n If there is none, enter 'No	and key ne.'		
	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 and deferred compensation	(e) E	kpense int and lowance	s
None						·	
		-					
				}			
		-					
f Total	number of other employees paid over \$1	00 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
		·		-			
51 Comp	olete this table for the organization's five	highest compensated in	dependent contracto	ors who each received more	than \$10	0,000	of
comp	ensation from the organization. If there is	s none, enter 'None '					
_	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	oensatio	n
None					.,,		
d Total	number of other independent contractors	each receiving over \$1	00,000	>			
		-					
	Under penalties of periory, I declare that I have sam true, correct, and complete Declaration of propager (ined this return, including accor	npanying schedules and sta	atements, and to the best of my knowledge	dge and be	elief, it is	5
	inde, correct, and complete, becausion of proporer (buler than officery is based on a	ii iiioimaton or witer prep	is a real rias any knowledge			
Sign	. While I. K			1 /0//0//	2	-	
Here	Signature of officer	1/0.	1 7	Date			
-	1. HNCre' C. Por	ch / Presi	den1			·	
	Type or print name and title						
	Proposite	· · · · · · · · · · · · · · · · · · ·	Date	Check if Prepa	rer's Identi	tying Nu	ımber
Paid	Preparer's signature			self- employed		,	
Pre- parer's	Firm's name (or Keith W. Klass	Co.					
Jarer S Use	yours if self- employed), > 30 Schulz Stree			EIN ▶			
Only	address, and ZIP + 4 Westbury		NY 11590	Phone no ▶		-	
Marria ID	·						
viay the ir	S discuss this return with the preparer st	iow <u>n abo</u> ve? See instru	ctions		Yes	5_[]	No

BAA

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number 22-3952159 NEXT LEVEL, INC Part! 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) A church, convention of churches or association of churches described insection 170(bX1XAXi). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described insection 170(bX1)(AXIII). 3 A medical research organization operated in conjunction with a hospital described issection 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 X 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) An organization organized and operated exclusively to test for public safety. Sesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III- Other d | | c Type III – Functionally integrated Type II 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 If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11g(i) a family member of a person described in (i) above? 11 g (ii) 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported Organization (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in (n) EIN (vi) Is the organization in col (vii) Amount of Support (i) organized in the US? col (i) of your support? Yes Yes Nο Yes No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

22-3952159 Page 2 Schedule A (Form 990 or 990-EZ) 2009 NEXT LEVEL, INC Part II Support Schedule for Organizations Described in Sections 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) Section A. Public Support Calendar year (or fiscal year (c) 2007 (d) 2008 (a) 2005 (b) 2006 (e) 2009 (f) Total beginning in) ► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 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 2 shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

Schedule A (Form 990 or 990-EZ) 2009

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and top here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support			-			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						-
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line			,			
	7c from line 6)		- i	8	(A) 11 /	Ġ,	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	d, third, fourth, o	or fifth tax year as	a section 501(c	<u> </u> ;)(3)
Sec	tion C. Computation of Pu		Percentage				
	Public support percentage for 20			ne 13, column (f))		15	%
	Public support percentage from					16	%
	tion D. Computation of Inv			e		·	
	Investment income percentage f				mn (f))	17	%
	Investment income percentage f					18	%
10		19a 33-1/3 support tests – 2009. 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 stop here. The organization qualifies as a publicly supported organization					
19 a	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	ne organization di oox and stop here.	. The organization	qualifies as a pul	blicly supported o	rganızatıon	
19 <i>a</i>	33-1/3 support tests - 2009. If the	ne organization di box and stop here ne organization di c this box and sto p	. The organization id not check a box o here. The organi	qualifies as a pui on line 14 or 19; zation qualifies as	blicly supported o a, and line 16 is n s a publicly suppo	rganization nore than 33-1/3 rted organizatioi	%, and line 18

Schedule A	. (Form 990 or 9:	90-EZ) 2009 N	KEVI PEAEP'	INC		22-3932139	Page 4
Part IV	Supplement Part II, line	al Informatio 17a or 17b; ai	n. Complete that Part III, line	is part to provide an	le the explanations y other additional	required by Part II, information. See ins	line 10; tructions.
•							
							1

Form 990-EZ, Part I, Line	
Other Expenses Statemer	nt

Other expenses (describe)	
SUPPLIES	2,997.
ENTRANCE FEES	16,810.
FOOD	130.
BANK CHARGE	69.
CONFERENCE, CONVENTION, MEETING	
SUBSCRIPTION	137.
POSTAGE	23.
PRINTING AND COPING	29.
Total	20,195.