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## **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 1545-0047

Open to Public

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

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<u>A</u>	For th	he 2009 ca	elendar	year, or tax year beg		اثرون فافاف	2009, an	d ending			, 20		
		applicable	Ptease uso IRS	C Name of organization	The Littleton Pa	anthers	<del></del> .	<del></del> -		į	loyor iden	ntification n	
		s change	label or	Doing Business As	0.5- (1					84 5 Tota	: phone nun	138341	9
	Name c		print or type.	Number and street (or P (		ered to street add	iress)	Room/suite					_
	Initial re		See Specific	6834 S. University			l			( 303	)	741-386	3
	Termina		Instruc- tions.	City or town, state or						<b>.</b> .			
		ed return		Centennial, CO 80		<del></del>				G Gros	s receipts \$	2;	<u> 36839</u>
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		and belie	f, it)s tru	e, correct and complete	Declaration of prepa	rer (other than	officer) is b	pased on all	ınformation	of which	preparer h	nas any kno	wiedge
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				work Reduction Act				<del>/</del>	0-4 64- 11		<u> </u>		
rur	FIIVE	-y not an	a raper	WOLK DEGREES HOLD	HOUSE, SEE THE S	charace iuzg	ucu0115.		Cat No 11	1202Y		Form <b>990</b>	, (ZUU9)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Littleton Panthers is an organization designed to provide young athletes a positive sporting experience in a variety of sports. We offer Baseball, Basketball, Cheerleading, Football, Lacrosse, and Volleyball to
	kids ages 5-14 in our community.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 72465 including grants of \$ 0 ) (Revenue \$ 0 )  Assessments - Our governing body charges assessments for their costs associated with coordinating games
	all across the metropolitan Denver area. They charge a fee per team that is entered into the league.  They use these fees to pay expenses such as referees, officials, umpires, games fields, gym space for games, as well as their administrative fees to schedules thousands of games per year.
4b	(Code: ) (Expenses \$ 44870 including grants of \$ 0 ) (Revenue \$ 0 ) Field Use/Setup - These expenses are incurred for renting the fields from local schools, recreation centers,
	parks and recreation districts and cities. Setup includes costs incurred for chalking the fields for baseball,
	and lacrosse, burning lines in the fields for football, setting down markers and yardage pylons for football, and any painting of lines required by the leagues.
4c	(Code: ) (Expenses \$ 25435 including grants of \$ 0 ) (Revenue \$ 0 )  Equipment - This expense is for equipment used to further the kids enjoyment of the sport. It includes
	bases, chalk, paint, tackling dummies, batting helmets, baseballs, lacrosse goals, footballs, basketballs,
	volleyballs, nets, medical kits, and anything else required to play these sports. The kids are responsible
	for their own uniforms and sport specific equipment.
	***************************************
	Other program services. (Describe in Schedule O.) (Expenses \$ 96313 including grants of \$ 0 ) (Revenue \$ 0 )
40	Total program service expenses > 238883

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	4	<del>-</del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		4
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		4
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		4
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		4
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
0	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
0	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
0	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		4
1 <b>2</b> A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14æ		4
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		4
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		4
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		4

Paı	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		J
24 <del>a</del>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25,	24a		4_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		4
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		4
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		4
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		J
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		4
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		4
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		4
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		4
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38		<b>√</b>
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Га	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	}		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a   0   1f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		4
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4</b> a	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)?	4a		4
b	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.			
<b>5</b> a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	and the party to a promotion that it was or to a party to a promotion than detection	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>√</b>
ď	If "Yes," indicate the number of Forms 8282 filed during the year			<u>`</u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
Ŷ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		4
0	Section 501(c)(7) organizations. Enter:		- 1	
a	Initiation fees and capital contributions included on Part VIII, line 12	1	ļ	
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	1	- 1	
a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		į	
2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		
	and the second s			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		-√
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		4
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		4
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		4
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		√
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
a		8a		1
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
~			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
•	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	1	
118	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		· · · -	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a		
- -		15b		
D	Other officers or key employees of the organization	130		
46-				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
	with a taxable entity during the year?	10a		<u> </u>
Ð	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
800	tion C. Disclosure	160		L
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990	)(3)s	onty)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	fthe	
	organization: Decky Jones, 8183 S. Harrison Cir., Centennial, CO 80122 303-741-3863			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	Positi	on (d		k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mike Foss - President (Volunteer)	2			1				0	0	0
Mary Bailey - Secretary (Volunteer)	.1			4				0	0	0
Robb Schmitt - Vice President (Volunteer)	.1			1				0	0	0
Becky Jones - Treasurer (Volunteer)	2			4				0	0	0
Matt Barnett - Basketball Coordinator (Volunteer)	1							0	0	0
Kent Calkins - Football Coordinator (Volunteer)	1							0	0	0
Janet Holmes - Football Coordinator (Volunteer)	1							0	0	0
Melody Milburn - Cheerleading Coordinator (Volunteer)	1							0	0	0
Ted Smith - Volleyball Coordinator (Volunteer)	1							0	0	0
Rich Morgan - Lacrosse Coordinator (Volunteer)	2							0	0	0
Liz Pierce - Baseball Coordinator (Volunteer)	1							0	0	0
Corky Messner - Baseball Coordinator (Volunteer)	1							0	0	0
Danny Nourse - Baseball Coordinator (Volunteer)	1							0	0	0

Pa	T VI Section A. Officers, Directors, Tru		Emp	loy			a Hig	nesi				
	(A) Name and title	(B) Average	(C) Position (check all that app						(D) Reportable	(E) Reportable	1	(F) mated
	Name and the	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	sation amo elated o ations comp	
		_										
				<u> </u>								<del>- 72</del>
						L						
16	Total	<u> </u>			<u></u>	<u>.</u>		<b>&gt;</b>	0	0	<u> </u>	0
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	above	) wt	no received mo	ore than \$100,00	00 in	
												es No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oyee	<del>-</del>	ompensated	3	1
4	For any individual listed on line 1a, is the s the organization and related organizations individual.		n \$15								4	1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	oen: Sch	satio edu	on 1 de J	rom a	any ach		anization for	5	1
Se	ction B. Independent Contractors										<u> </u>	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent d	contra	icto	rs that receive	d more than \$10	00,000	of
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compens	sation
No	10											
			_									
								<del> </del>	<del></del> ·			
2	Total number of independent contractors (in more than \$100,000 in compensation from					to	ihose	liste	ed above) who	received		<del></del>

Par	ZVII	Statement of Revenue	T T			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, giffs, grants and other similar amounts	b	Federated campaigns				
Sont and o		Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	236839			
Program Service Revenua	2a b	None Business Code	230033			
Program Se	් ජ ජ	All other program service revenue .  Total. Add lines 2a-2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	0 0 0	0	0 0	0 0
	b c d	Gross Rents	0	0	0	0
	С	assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	o.	0	0	0
Other Revenue		Gross income from fundraising events (not including \$0_ of contributions reported on line 1c).  See Part IV, line 18a0  Less: direct expenses b0				
Ē	С	Net income or (loss) from fundraising events ▶	0	0	0	0
	ь	Gross income from gaming activities.  See Part IV, line 19	0	0	0	0
ı	10a b	Gross sales of inventory, less returns and allowances a				
		Net income or (loss) from sales of inventory	0	0	0	0
į	11a b c	Mone				
	d	All other revenue	0			
	12	Total revenue. See instructions.	236839	0	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	0	.O.		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0.	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
a	Management	0	0	0	0
Ь	Legal	0	0	0	0
C	Accounting	0	.0	0	. 0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
Ý	Investment management fees	0	0	0.	0
g	Other	0	0	0	0
12	Advertising and promotion	530	530	0	0
13	Office expenses	574	574	0	0
14	Information technology	648	648	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses		•		_
	for any federal, state, or local public officials	0	4262	0	<u> </u>
19	Conferences, conventions, and meetings .	1362	1362	0	0
20	Interest		0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	8507	8507	0	
23	Insurance ,		03071		<del></del>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	See Other Expense Sheet	227262	227262	0	0
b					
C					
d					<del></del>
e					· · · · · · · · · · · · · · · · · · ·
ŕ	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24f	238883	238883	0	0
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Га	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
$\neg$	1	Cash – non-interest-bearing	72013	°1	69969
	2	Savings and temporary cash investments	0	2	0
j	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		_	
		Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	.0
SS	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	0	9	0
	10a	other basis. Complete Part VI of Schedule D			
1	b	Less: accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	72013		69969
ł	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue		19	0
_	20	Tax-exempt bond liabilities		20	0
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	22	The state of the s	0	23	<u>°</u>
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0		0
Sec		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
7	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
Not Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
A	32	Retained earnings, endowment, accumulated income, or other funds	0	32	•0
\$	33	Total net assets or fund balances	72013	33	69969
~	34	Total liabilities and net assets/fund balances	72013	34	69969

Part XI Financial Statements and Reporting							
			Yes	Мо			
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1					
	Schedule O			,			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		4			
b	Were the organization's financial statements audited by an independent accountant?	2b		4.			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		4			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<b> </b>					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		4			

Form **990** (2009)

#### 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.

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

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		IBION Panting							000		1303019
Pai	t I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	tach Sche	edule E.)					
3		A hospital or	r a cooperative I	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4				tion operated in conj	junction v	vith a ho	spital de	scribed i	n section	170(b)(1	)(A)(iii). Enter the
hospital's name, city, and state:											
5	Ц	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			-	ernment or governme				•			
7	Ц			/ receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	. governn	nental uni	t or from	the general public
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	omplete	Part II.)				
9	$\mathbf{A}$			receives: (1) more th				m contrib	utions, m	nembersh	ip fees, and gross
		receipts from	n activities relate	ed to its exempt func	tions—su	bject to	certain e	ceptions	s, and (2)	no more	than 331/3 % of its
		• •	_	ent income and unre after June 30, 1975.				-		511 tax	) from businesses
10		An organizat	ion organized a	nd operated exclusive	elv to test	t for publ	ic safety	See sec	tion 509	(a)(4).	
11		_	-	nd operated exclusiv	-	•	-				r to carry out the
				olicly supported organ							
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting orga	anization	and com	iplete line	es 11e thi	rough 11h.
		a 🗌 Type	। <b>ь</b> □	] Type II	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d 🗀	] Type III-Other
e		By checking	this box, I cert	tify that the organizat	tion is no	t control	lled direc	tly or inc	directly by	y one or	more disqualified
				n managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)	•							
f		_		a written determinati				• •		, or Type	III supporting
		•	, check this box								📙
9		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•	
			_	r indirectly controls, en		_		h persor	ıs descrit	oed in (ii)	Yes No
			_	rson described in (i) a				• • •			11g(ii)
				of a person described							11g(iii)
h			-	ation about the suppo						•	
(i)		of supported	(ii) EIN	(iii) Type of organization		irganization	(v) Did y	ou notify	(vi) (	s the	(vii) Amount of
	org	anızatıon	ation	(described on lines 1-9 above or IRC section	in col. (i) listed in your governing document?				organization in col		support
				(see instructions))	govorning document		support?		US?		
		<del></del> -	ļ		Yes	No	Yes	No	Yes	No	
		<del></del>									
									<u> </u>		
			_								
		<del></del>			ļ	ļ		ļ	<u> </u>	<u> </u>	

Total

	(Complete only if you check					Majovi ous	n hfwhfanh
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) 🔈	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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	Total. Add lines 1 through 3			<u> </u>		<u> </u>	<u> </u>
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	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ⊳	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>			<u> </u>
12	Gross receipts from related activities, etc	•	,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth			
	tion C. Computation of Public Su				<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>	
14	Public support percentage for 2009 (line	**	-	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch		•			15	%_
16a	33% % support test—2009. If the organization qualifies						
b	33% % support test—2008. If the organization qua						
17a							
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, organization qu	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

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						
Ca	alendar year (or fiscal year beginning in) ⊳	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	174026	190043	200648	198638	236939	1000294
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 174026	0 190043	0 200648	0 198638	0 236939	0 1000294
6	Total. Add lines 1 through 5	174020	150053	2000-00	190030	230939	1000234
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from	U	U	0	0	0	0
~	line 6.)						1000294
	tion B. Total Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		174026	190043	200648	198638	236939	1000294
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	11-7050	1300-20	2000-10	10000	20000	100234
	rents, royalties and income from similar sources	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	00
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	174026	190043	200648	198638	236939	1000294
14	First five years. If the Form 990 is for toganization, check this box and stop to			nd, third, fourth			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column	(f))	15	100 %
16	Public support percentage from 2008 S			<u> </u>	<u> </u>	16	100 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 2009				olumn (f)) .	17	0 %
18	Investment income percentage from 20					18	0 %
19a	331/3 % support tests - 2009. If the organic is not more than 331/3 %, check this be	ox and <b>stop h</b> e	re. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🛭
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this						
20	Private foundation. If the organization	•	_	•		_	

Schedule A (Form 990 or 990-EZ) 2009							
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.		
			<u></u>				
***********			•				
			*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				<i></i>	<del></del>		
		*		***************************************			
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					······		
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#### **SCHEDULE 0** (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

84

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

The Littleton Panthers	84	1383419					
Form 990, Part VI, Section A, #11A - The Littleton Panthers veries according to their book	s close	d out on					
December 31, 2009, that all of the numbers coincide exactly as on the Form 990. All income and expenses							
are recorded.							
Form 990, Part VI, Section C, #19 - The Littleton Panthers board is provided financial state	ements,	, and policies					
at each meeting. These financial statements and policies are part of the official minutes f	ior each	n meeting.					
Anyone who would like to see these documents is able to by contacting any member of the	he exec	utive board					
(President, Vice President, Secretary, or Treasurer).							
	<b>,</b>						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Form 990, Page 10, Part IX, Line 24a

Other Expenses Statement

	(A) Total	(B) Program Services
Administrative	13,649	13,649
Apparal	1,965	1,965
Applications	1,887	1,887
Assessments (AYL)	72,465	72,465
Background Checks	1,218	1,218
Banking Fees	178	178
Board	2,569	2,569
Charity Tournament	1,995	1,995
Clinics	413	413
Coaches	7,165	7,165
Coaches Training	925	925
Copies	211	211
Credit Card Fees	5,144	5,144
Donations	35	35
Equipment	25,435	25,435
Field Use/Setup	44,696	44,696
Gym Rental	9,066	9,066
Hotline (Phones)	1,120	1,120
League Fees/Lacrosse	9,200	9,200
Licenses	10	10
Mileage	485	485
Postage	1,563	1,563
Referees - Lax	2,878	2,878
Storage	5,399	5,399
Tournament Fees	3,700	3,700
US Lacrosse Membership Fees	12,260	12,260
Web-site	1,631	1,631
Total	227,262	227,262