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Form 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)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

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9 Total revenue: Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		C	Gross prot	trof (loss) fr	om sales of li	nventory (Sub	otract line 7b f	rom line 7a)				7c				
10 Grants and similar amounts paid (list in Schedule O)		8	Other reve	enue (describe-in Schedule-0).							8					
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		9_	Total reve	nue: Add lir	nes 1, 2, 3, 4,	5c, 6d, 7c, a	nd 8			<u> </u>	▶	9		173	330.80	
12 Salaries, other compensation, and employee benefits		10	Grants and	d similar amo	ounts paid (lis	st in Schedule	∍O)					10				
12 Salaries, other compensation, and employee benefits 12		11	Benefits p	aid to or for	members .							11				
Other expenses (describe in Schedule O)	တ္တ	12										12				
Other expenses (describe in Schedule O)	Š	13	Profession	al fees and	other paymer	nts to indepe	ndent contrac	tors				13				
16 Other expenses (describe in Schedule O)	9	14				•						14				
16 Other expenses (describe in Schedule O)	ă	15	-	•								15				
Total expenses. Add lines 10 through 16												1				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		1										\rightarrow		23 5	571.92	
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) Other changes in net assets or fund balances (explain in Schedule O)		40	Excess or	(deficit) for t	he year (Sub	tract line 17 f	rom line 9)					+				
end-of-year figure reported on prior year's return)	ě	19										t	·			
20 Other changes in net assets or fund balances (explain in Schedule O)	188	1												24 5	533 58	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	*	20	-	-	-	-								£7,	,50.50	
	ž	21										—		18 2	292 46	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Cat No 106421

Pa	rt III Balance Sheets (see the instruction	ons for Part II)				
	Check if the organization used Sche	dule O to respond to a	iny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[24,533.58	22	18,292.46
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of col				27	19,292.46
Par	t III Statement of Program Service Acc			•		Expenses
	Check if the organization used Scher		iny question in this	Part III 🔲	(Re	quired for section
Wha	t is the organization's primary exempt purpose	?			501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accorneasured by expenses. In a clear and concisons benefited, and other relevant information for	e manner, describe th	of its three largest pie services provided	rogram services, d, the number of	494	anizations and section 7(a)(1) trusts, optional others)
28						
					ĺ	
	(Grants \$) If this amo	ount includes foreign gr	ants, check here	. ▶ 🗆	28a	<u> </u>
29				-+++		
	(Grants \$) If this amo	ount includes foreign gr	ants, check here .	. ▶ 🗆	29a	
30			***********			
]	
					1	
		ount includes foreign gr		🕨 🗆	30a	1
31	Other program services (describe in Schedule	O)				
	(Grants \$) If this amo	ount includes foreign gr	ants, check here .	▶ 🗆	31a	1
32	Total program service expenses (add lines 2				32	
Par	t IV List of Officers, Directors, Trustees, and					
	Check if the organization used Sched	dule O to respond to a				<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Ray S	Stiles-Chairperson					
28 Fe	enwick Ave. Pennsville, NJ 08070	as required)	0	
Stace	ey Smith-Secretary					
	River Drive Ave. Pennsville, NJ 08070	as required	(0	
Fran	cis Cogan-Treasurer					
	ncoln Dr Pennsville, NJ 08070	as required			0	0
Allys	on Cogan-Asst. Treasurer					
<u>81 Li</u>	ncoln Dr. Pennsville, NJ 08070	as required			0	0
						
						
				ļ	\perp	
					T	
]		
		1	1	I	1	

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Form	990-EZ	(2012)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	_	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	\vdash	V
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
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		~
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 tax year covered by this return?	38a	L	~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter:	'		
а	Initiation fees and capital contributions included on line 9	'		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been	'		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	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			
е	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	-	~
41	List the states with which a copy of this return is filed ▶			
42a		356-67	8-708	5
	Located at ► 81 Lincoln Dr. Pennsville, NJ ZIP + 4 ►	080	070	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
40			. '	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
_	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ!	~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d	Ш	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	igsqcut	~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		_ ر

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46	Did to	he organization engage, directly or indidates for public office? If "Yes," or	directly, in political complete Schedule C	ampaign activities	on behalf of	f or in opposi	tion [Yes	No	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51	only must answer que	stions 47–49b an	d 52, and	complete th			r line	 ≽s	
47		Check if the organization used Sch he organization engage in lobbying					tax [Yes	No	
	year?	bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II									
48 49a		s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
ь 50	Com	es," was the related organization a sec plete this table for the organization's oyees) who each received more than	five highest compen	sated employees (d	other than o	officers, direct	tors, ti	49b rustee er "No	s an	d key	
	(a)	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution to benefit pla	alth benefits, ons to employee ns, and deferred pensation		timated er comp			
none					0	0				0	
					-		· · · · · ·				
										_	
			· · · · · · · · · · · · · · · · · · ·					<u> </u>			
	Total	number of other employees paid over	× \$100,000	<u> </u>							
51	Com	plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	nt contract	ors who each	rece	ıved r	nore	thar	
(a)	Name a	and address of each independent contractor pair	d more than \$100,000	(b) Type of s	ervice	(c) Comp	ensatioi	1		
none				-							
				1							
			· ·								
				<u> </u>							
52	Did t	number of other independent contra- he organization complete Schedule A exempt charitable trusts must attach a	? Note: All section 5	601(c)(3) organizatio		7(a)(1)	▶ □	Yes	(I)		
	penalties	s of penjury, I declare that I have examined this re	eturn, including accompan	lying schedules and state	ements, and to	the best of my k					
true, co	irrect, ar	nd complete. Declaration of preparer (other than	officer) is based on an into	ormation of which prepar	er nas any kno	2/18/	13				
Sign Here		Signature of officer Date Francis J Cogan, Treasurer Pennsville Septemberfest Committee									
		Type or print name and title	Preparer's signature		Date		, 1	אחד			
Paid Prep		Print/Type preparer's name	i repara a aignature		Jaie	Check _ setf-empk	J If				
Use		Firm's name ▶			Firm's EIN ▶						
May t	he IRS	Firm's address discuss this return with the preparer	shown above? See	instructions		Phone no.	▶ □	Yes		No	