See a Social Security Number? Say Something!
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EXTENSION ATTACHED

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 , and ending

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

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

C Name of organization
TOWN OF MT PLEASANT POLICEMEN'S BENEVOLENT ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 223

City or town, state or country, and ZIP + 4
HAWTHORNE NY 10532

D Employer identification number
13-2936534

E Telephone number
914-769-1943

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: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 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

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 ▶ $ 110,011

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	
	2	Program service revenue including government fees and contracts			2	66,587
	3	Membership dues and assessments	See Statement 1		3	31,800
	4	Investment income			4	7,624
	5a	Gross amount from sale of assets other than inventory	5a	4,000		
	b	Less cost or other basis and sales expenses	5b	734		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	See Stmt 2		5c	3,266
	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			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	109,277
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	69,461
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	9,584
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe ▶ See Statement 3)			16	35,137
	17	**Total expenses.** Add lines 10 through 16 ▶			17	114,182
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-4,905
	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	349,399
	20	Other changes in net assets or fund balances (attach explanation)	See Statement 4		20	-28,591
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	315,903

RECEIVED
JUL 30 2010
OGDEN, UT
IRS-OSC
SCANNED JUL 30 2010

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	333,199	22	308,778
23	Land and buildings		23	
24	Other assets (describe ▶ See Statement 5)	16,200	24	7,125
25	**Total assets**	349,399	25	315,903
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	349,399	27	315,903

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 DONATE TO LOCAL SERVICE ORGANIZATIONS

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

29 PAYMENTS FOR 45 MEMBERS LEGAL, LIFE INSURANCE, OPTICAL, DENTAL & RETIREMENT EXPENSES

(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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEAN FORDE	PRESIDENT	0	0	0
NICHOLAS RAMUNDO	VICE-PRES	0	0	0
MICHAEL PIERCE	TREASURER	0	0	0
RONALD GAGNON	SECRETARY	0	0	0

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," attached 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		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 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 ▶ NY

42a The organization's books are in care of ▶ MICHAEL PIERCE Telephone no ▶ 914-769-1943

Located at ▶ P O BOX 223 HAWTHORNE, NY ZIP + 4 ▶ 10532

			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 ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			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 operating 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 compensation	(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

Signature of officer — Date: 5-20-10

MICHAEL PIERCE TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr)
KENNETH L SCHMELKIN	05/17/10	☐	P00109492

Firm's name (or yours if self-employed), address, and ZIP + 4: SCHMELKIN & SCHMELKIN, 54 WEST BROAD ST, MOUNT VERNON, NY 10552-2119

EIN ▶ 13-1730020

Phone no ▶ 914-664-8610

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

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	$ 31,800
Total	$ 31,800

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
4000 STRIPS-TINT-US TREASURY							
Donation		8/27/90	11/06/09	$ 4,000	$ 734	$	$ 3,266
Total				$ 4,000	$ 734	$ 0	$ 3,266

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Office	6,694
Conferences/Meetings	3,288
Insurance	2,464
DONATIONS	2,361
OTHER FUND RAISING EXP	350
PRESIDENT'S EXPENSES	100
CHRISTMAS / RETIREMENT	3,948
OTHER PROGRAM EXP	11,837
P O BOX RENTAL	132
NYS REGISTRATION FEE	25
MEMBERSHIP DUES	2,620
RECOGNITION AWARDS	1,318
Total	$ 35,137

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
SEE ATTACHED SCHEDULE OF MARKETABLE SECURITIES	$ -28,591
Total	$ -28,591

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	$ 16,200	$ 7,125
	16,200	7,125

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
ORGANIZATION WAS FORMED TO PROMOTE THE WELFARE OF IT'S MEMBERS BY PROVIDING BENEFITS RELATED TO THEIR EMPLOYMENT.

Town of Mt Pleasant
Policemen's Benevolent Association
Marketable Securities
December 31, 2009

	OPENING BALANCE									BALANCE		
	January 1, 2009		PURCHASES			SALES				December 31, 2009		
DESCRIPTION	NO. OF SHARE	COST	NO. OF SHARE	COST	NO. OF SHARE	PROCEEDS	COST	GAIN (LOSS)	NO OF SHARE	COST	MARKET PRICE/ SHARE	MARKET VALUE
Abbott Laboratories	328.6116	16597.78	10.7085	518.87					339.3201	17116 65	53.6300	18197.74
Alcatel Lucent	550 0000	14484 44	0.0000						550.0000	14484.44	3.3200	1826.00
Altna Group Inc	555.5061	20661.55	44 0138	744.07					599 5199	21405.62	18.0600	10827.33
A T & T	363.6643	21747 49	23.3680	600 39					387.0323	22347.88	25.5900	9904.16
Avon Products	634.8213	12784 98	21.1770	541.26					655.9984	13326 24	35.0500	22992 74
Baker Hughes Inc.	303.4787	8293.88	4.9662	183.25					308.4449	8477 13	43 3400	13368 00
Comcast	331.0000	0.00	0.0000						331.0000	0.00	16 8600	5580.66
Eastman Chemical Co.	549.0600	26719.67	27.1890	986.49					576.2490	27706 16	52 1144	30030.87
Eastman Kodak co.	730.7153	25095 58	0.0000	0.00					730.7153	25095.58	4.2200	3083.62
Government Securities		1424.10				4000 00	734.24	3265.76		689.86		3991.64
Intel Corp	814.4214	17920 39	27.1910	462.51					841.6124	18382.90	19.6600	16546.10
Kraft Foods Inc	375.8710	1050.92	16.7620	443.19					392.6330	1494.11	29 2300	11476.66
Exxon Mobil Corporation	722.6495	20158.91	17.3055	1210 66					739.9550	21369.57	72 4000	53572.74
Philip Morris International	531.8106	516.12	27.4102	1193 49					559.2208	1709.61	50.1900	28067.29
Pitney Bowes Corp	309.7067	12221.81	10.5634	457 40					320.2701	12679.21	23 4700	7516.74
TOTAL		199677.62		7341.58		4000.00	734.24	3265.76		206284 96		236982.30
	* Spin off from Altna Group Inc								Unrealized gain on securities			30697 34
									Less amount at 12/31/08			59288 20
									Adjusting entry needed			-28590 86

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	TOWN OF MT PLEASANT POLICEMEN'S BENEVOLENT ASSOCIATION	13-2936534
	Number, street, and room or suite no If a P O. box, see instructions PO BOX 223	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. HAWTHORNE NY 10532	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MICHAEL PIERCE

Telephone No ▶ 914-769-1943 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions