



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> SCHENECTADY PATROLMEN'S BENEVOLENT ASSN. 124 CLINTON STREET SCHENECTADY, NY 12305	<b>D</b> Employer identification number 14-6024341
			<b>E</b> Telephone number (518) 374-3212
			<b>F</b> Group Exemption Number
			<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ► N/A**J Tax-exempt status** (check only one) — ☒ 501(c) ( 5 ) (insert no) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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. ► \$ 455,778.

**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	18,577.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	150,912.
	4	Investment income	4	25,016.
	5a	Gross amount from sale of assets other than inventory	5a	201,253.
	5b	Less cost or other basis and sales expenses	5b	215,658.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-14,405.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	58,195.
	6b	Less direct expenses other than fundraising expenses	6b	58,378.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-183.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► SEE STATEMENT 2)	8	1,825.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	181,742.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	1,885.
	11	Benefits paid to or for members	11	115,047.
	12	Salaries, other compensation, and employee benefits	12	14,267.
	13	Professional fees and other payments to independent contractors	13	242,547.
	14	Occupancy, rent, utilities, and maintenance	14	12,000.
	15	Printing, publications, postage, and shipping	15	537.
	16	Other expenses (describe ► SEE STATEMENT 4)	16	19,501.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	405,784.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-224,042.
	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	1,068,462.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	99,354.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	943,774.

**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	933,920.	870,811.
23	Land and buildings	7,104.	6,905.
24	Other assets (describe ► SEE STATEMENT 6)	131,911.	135,531.
25	<b>Total assets</b>	1,072,935.	1,013,247.
26	<b>Total liabilities</b> (describe ► SEE STATEMENT 7)	4,473.	69,473.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,068,462.	943,774.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED DEC 02 2010

P 18



**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?	X	
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> 775.		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **THOMAS KELLY** Telephone no **518-374-3212**  
 Located at **124 CLINTON STREET SCHENECTADY NY** ZIP + 4 **12305**

**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)?  
 If 'Yes,' enter the name of the foreign country

	Yes	No
<b>42b</b>		X
<b>42c</b>		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

**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

☐ **N/A**  
☒ **43** **N/A**

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		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

	Yes	No
<b>45</b>		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.

**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

Yes No

**46**

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**47**

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**48**

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**49a**

**b** If 'Yes,' was the related organization a section 527 organization?

**49b**

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

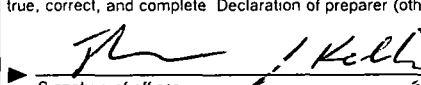
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**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

<b>Sign Here</b>	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		11/10/10 Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>MICHAEL A. TOBIN II</b>		Date <b>11/10/10</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) <b>PRYBA, TOBIN &amp; CO., CPAS, PC</b>		Preparer's Identifying Number (See instructions) <b>P00248170</b>	
	address, and ZIP + 4 <b>40 BRITISH AMERICAN BOULEVARD</b>		EIN <b>14-1731700</b>	
	<b>LATHAM, NY 12110</b>		Phone no <b>(518) 783-3100</b>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

2009

**Open to Public Inspection**

Name of the organization

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

Employer identification number

14-6024341

## Part I

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

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

- |                          |                                  |                          |                                       |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations               | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations              | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations          |                          |                                       |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ERIC VERTERAMO (event type)	(b) Event #2 EDDY TRACK MEE (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	44,220.	13,975.		58,195.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	44,220.	13,975.		58,195.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,181.	21,197.		58,378.
	10 Direct expense summary Add lines 4 through 9 in column (d)				58,378.
11 Net income summary Combine lines 3, column (d) and line 10				-183.	

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_



**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions with Interested Persons**

► Complete if the organization answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

Employer identification number

14-6024341

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
BRIAN BIENDUGA		X	580.			X	X			X
VARIOUS										
THOMAS KELLY		X	570.	150.		X	X			X
VARIOUS										
D. MATTHEW KISER		X	505.	405.		X	X			X
VARIOUS										
<b>Total</b>			► \$ 775.							

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions with Interested Persons**

► Complete if the organization answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

Employer identification number

14-6024341

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
YONI MOSKOW		X	540.	20.		X	X			X
VARIOUS										
JEREMY PACE		X	520.			X	X			X
VARIOUS										
PAUL STEELE		X	760.	200.		X	X			X
VARIOUS										
Total				► \$						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

Schedule L (Form 990 or 990-EZ) 2009

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

Identifying number

14-6024341

Business or activity to which this form relates

FORM 990/990-PF

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,571.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,571.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

12/31/09

## 2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

14-6024341

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
4	CABINETS	4/13/99		454							454	454	S/L	7		0
5	SHELVES	4/13/99		222							222	222	S/L	7		0
10	OFFICE FURNITURE	9/13/05		800							800	381	S/L	7		114
11	2ND FLOOR CARPET	3/05/05		751							751	575	S/L	5		150
12	1ST FLOOR CARPET	4/29/05		1,336							1,336	979	S/L	5		267
13	SIGN	5/09/05		682							682	357	S/L	7		97
14	MEETING CONF TABLES	6/03/05		2,992							2,992	1,531	S/L	7		427
15	AIR CONDITIONER	6/17/05		4,600							4,600	1,610	S/L	10		460
TOTAL FURNITURE AND FIXTURE				11,837	0	0	0	0	0	0	11,837	6,109				1,515
IMPROVEMENTS																
17	IMPROVEMENTS - REMODEL	5/09/05		7,840							7,840	737	S/L	39		201
TOTAL IMPROVEMENTS				7,840	0	0	0	0	0	0	7,840	737				201
MACHINERY AND EQUIPMENT																
1	STORAGE CABINET	11/20/93		324							324	324	S/L	7		0
2	BOOKCASE & DRAWER	1/27/94		235							235	235	S/L	5		0
3	COPIER	3/08/99		1,540							1,540	1,540	S/L	7		0
6	GYM EQUIPMENT	7/01/00		3,117							3,117	3,117	S/L	7		0
7	HP PAVILLION ZV5000	1/31/05		1,191							1,191	932	S/L	5		238
8	REFRIGERATOR AND STOVE	4/05/05		650							650	488	S/L	5		130
9	WORKOUT BENCH	3/10/05		300							300	300	S/L	5		0

12/31/09

## 2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

14-6024341

## SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
16	DELL LAPTOP	10/25/07		539							539	162	S/L	5		108
18	DELL LAPTOP	10/15/08		1,896							1,896	95	S/L	5		379
TOTAL MACHINERY AND EQUIPME																
				9,792		0	0	0	0	0	9,792	7,193				
TOTAL DEPRECIATION				29,469		0	0	0	0	0	29,469	14,039				
GRAND TOTAL DEPRECIATION				29,469		0	0	0	0	0	29,469	14,039				

2009

## FEDERAL STATEMENTS

PAGE 1

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

14-6024341

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 5C**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 201,253.  
COST OR OTHER BASIS: 215,658.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -14,405.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -14,405.**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

VENDING COMMISSIONS \$ 1,350.  
MISCELLANEOUS 475.  
TOTAL \$ 1,825.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CASH AMOUNT GIVEN: \$ 1,885.

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BANK CHARGES \$ 2,188.  
CONFERENCES, CONVENTIONS, AND MEETINGS 3,675.  
DEPRECIATION 2,571.  
DUES & SUBSCRIPTIONS 508.  
INSURANCE 572.  
MISCELLANEOUS 6,779.  
TELEPHONE 3,208.  
TOTAL \$ 19,501.

**STATEMENT 5**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS \$ 99,354.  
TOTAL \$ 99,354.

2009

## FEDERAL STATEMENTS

PAGE 2

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

14-6024341

**STATEMENT 6**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 5,728.	\$ 4,214.
MACHINERY AND EQUIPMENT	2,599.	1,742.
NOTES AND LOANS RECEIVABLE	123,584.	129,575.
<b>TOTAL</b>	<b>\$ 131,911.</b>	<b>\$ 135,531.</b>

**STATEMENT 7**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEPOSITS	\$ 369.	\$ 369.
DUE TO MEMBERS	4,104.	4,104.
SECURED MORTGAGES AND NOTES PAYABLE	0.	65,000.
<b>TOTAL</b>	<b>\$ 4,473.</b>	<b>\$ 69,473.</b>

**STATEMENT 8**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ASSOCIATION WAS FORMED TO PROMOTE AND DEVELOP A FRIENDLY AND FRATERNAL SPIRIT AND TO EXTEND BOTH MORAL AND MATERIAL AID AND BENEFIT TO ALL DESERVING MEMBERS.

**STATEMENT 9**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
CHILDREN'S CHRISTMAS PARTY		1,104.
INCLUDES FOREIGN GRANTS: NO		
SCHOLARSHIP FUND		600.
INCLUDES FOREIGN GRANTS: NO		
WELFARE FUND		320.
INCLUDES FOREIGN GRANTS: NO		
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 2,024.</b>