



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



Short Form

Return of Organization Exempt From Income Tax

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 Check if applicable		C SCHENECTADY PATROLMEN'S BENEVOLENT ASSN. 124 CLINTON STREET SCHENECTADY, NY 12305	
<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		D Employer identification number 14-6024341	
E Telephone number (518) 374-3212		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).			
I Website: ► N/A		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
K Check ► <input type="checkbox"/> 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.	
	b Less cost or other basis and sales expenses	5b 215,658.	
	c 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"/>	SEE STATEMENT 1	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 58,195.	
	b Less direct expenses other than fundraising expenses	6b 58,378.	
EXPENSES	c 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	
	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 ► SEE STATEMENT 6)	8 1,825.	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 181,742.	
	10 Grants and similar amounts paid (attach schedule)	SEE STATEMENT 3	
	11 Benefits paid to or for members	10 1,885.	
	12 Salaries, other compensation, and employee benefits	11 115,047.	
	13 Professional fees and other payments to independent contractors	12 14,267.	
14 Occupancy, rent, utilities, and maintenance	13 242,547.		
15 Printing, publications, postage, and shipping	14 12,000.		
16 Other expenses (describe ► SEE STATEMENT 4)	15 537.		
17 Total expenses. Add lines 10 through 16	16 19,501.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 405,784.		
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)	18 -224,042.		
20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 5		
21 Net assets or fund balances at end of year Combine lines 18 through 20	19 1,068,462.		
	20 99,354.		
	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)			
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 6) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 7) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		(A) Beginning of year	(B) End of year
		933,920. 22	870,811.
		7,104. 23	6,905.
		131,911. 24	135,531.
		1,072,935. 25	1,013,247.
		4,473. 26	69,473.
		1,068,462. 27	943,774.

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

What is the organization's primary exempt purpose? SEE STATEMENT 8

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 (4) organizations and section 4947(a)(1) trusts, optional for others)

28	RETIREMENT FUND - EXPENSES INCURRED IN PROVIDING RETIRING MEMBERS MONETARY RELIEF IN THE YEAR OF RETIREMENT AND FOR EACH YEAR OF SERVICE AFTER RETIREMENT.		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 84,923.
29	WIDOWS AND ORPHANS DEATH BENEFITS - PROVIDES MONETARY RELIEF TO THE BENEFICIARIES OF THE PBA MEMBERS. DURING 2008 RELIEF WAS PROVIDED TO THE BENEFICIARIES OF 2 PBA MEMBERS.		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 27,287.
30	DONATIONS = MADE TO THE FOLLOWING ORGANIZATIONS - LOCAL YOUTH & ATHLETIC ORGANIZATIONS \$1100, AREA LAW ENFORCEMENT ORGANIZATIONS \$400, VARIOUS \$385.		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a 1,885.
31	Other program services (attach schedule) SEE STATEMENT 9		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a 2,024.
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>
			32 116,119.

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No
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 Yes No

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? Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No

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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. Yes No

b Did the organization file **Form 1120-POL** for this year? Yes No

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? Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No

N/A, section 4912 ► **N/A**, section 4955 ► **N/A** Yes No

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 Yes No
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 ► Yes No
40c

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► Yes No
40d

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 Yes No
40e X

41 List the states with which a copy of this return is filed ► **NONE** Yes No

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** 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)? Yes No

If 'Yes,' enter the name of the foreign country ► Yes No
42b

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.? Yes No

If 'Yes,' enter the name of the foreign country ► Yes No
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** N/A Yes No

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
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 Yes No
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.

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

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

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

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

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

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

	Yes	No
46		
47		
48		
49 a		
49 b		

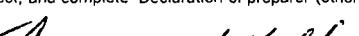
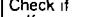
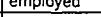
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

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	 ► 11/11/10	Date		
	 ► Thomas J Kelly, Treasurer ► Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	 ► MICHAEL A. TOBIN II	Date 11/10/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00248170
	Firm's name (or yours if self-employed) address, and ZIP + 4	 ► PRYBA, TOBIN & CO., CPAS, PC			EIN 14-1731700
		 ► 40 BRITISH AMERICAN BOULEVARD			
		 ► LATHAM, NY 12110			
May the IRS discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

BAA

► Yes No

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.

**Open to Public
Inspection**

Name of the organization

Employer identification number

14-6024341

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

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

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

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.

Total

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))
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.
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))
1 Gross revenue				
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

YES NO

9a

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

10a

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a		

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- 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 ► _____

15a		

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided: ► _____

 Director/officer Employee Independent contractor

17a		

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?
- 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

OMB No. 1545-0047

2009

Open to Public
Inspection

- 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.

Name of the organization

SCHEECTADY 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										
Total				► \$ 775.						

Part III Grants or Assistance Benefiting 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

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.

2009

Open to Public
Inspection

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number

14-6024341

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN

Employer identification number

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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-FZ, Part V, line 40b.

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

200

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 Benefiting 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.

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SCHEECTADY 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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	7
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

SCHEENECK ADY PATROLMEN'S BENEVOLENT ASSN.

PAGE 1

14-6024341

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

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

SCHENECTADY PATROLMEN'S BENEVOLENT ASSN.

PAGE 2

14-6024341

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEFR ALLOW	179/ BONUS/ SP. DEFR.	BONUS/ DEF. BAL.	PRIORITY DEPR. BASIS	SALVAGE /BASIS REDUCTION	PRIORITY DEPR. BASIS	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 EQUIPMENT																
				9,792		0	0	0	0	0	9,792	7,193				855
TOTAL DEPRECIATION																
				29,469		0	0	0	0	0	29,469	14,039				2,571
GRAND TOTAL DEPRECIATION																
				29,469		0	0	0	0	0	29,469	14,039				2,571

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
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.
TOTAL	\$ 131,911.	\$ 135,531.

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

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

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

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