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OMB No 1545-1150

2009

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)

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable C Name of organization D Employer identification number Please NEWJ SECAÚCUS PBA LOCAL 84 Address change use IRS 22-3070788 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or PO BOX 1038 Initial return type. (201) 330-2060 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-SECAUCUS, NJ 07096 **►** 3116 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) must attach a completed Schedule A (Form 990 or 990-EZ). Check 🕨 🔽 If the organization I Website:► NA is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (9) **◄**(insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe 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 **►** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 27,227 Program service revenue including government fees and contracts 2 3,251 44,853 Membership dues and assessments 3 3 4 563 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 🔽 Gross revenue (not including \$ of contributions Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 75.894 9 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members . . 22,218 11 11 12 Salaries, other compensation, and employee benefits 12 6,178 Professional fees and other payments to independent contractors 13 13 Expenses Occupancy, rent, utilities, and maintenance 106 14 14 Printing, publications, postage, and shipping 15 169 15 Other expenses (describe 32,584 16 16 Total expenses. Add lines 10 through 16 61,255 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 14.639 18 18 Net Assets 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) 83,555 19 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 98,194 21 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 83,555 22 98,194 23 Land and buildings 23 24 Other assets (describe 🟲_ 24 25 25 Total assets 83,555 98,194

98,194

Total liabilities (describe

83,555

27

Part III Statement of Program Service Accomplishments (See the instructions for Part III)					Expenses		
What is the organization's primary exempt purpose? THE ORGANIZATION WAS ESTABLISHED TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT, TO RENDER MORAL AND MATERIAL AID TO MEMBERS AS NEEDED, TO PROVIDE REPRESENTATION AND/OR COUNSEL IN LEGAL				(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts,			
PROCEEDINGS, AND TO PROMOTE SOCIAL AND FRATERNAL ACTIVITIES					opt	ional for others)	
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, and other relevant information for each program title.							
28 TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT, TO RENDER MORAL AND MATERIAL AID TO MEMBERS AS NEEDED, TO PROVIDE REPRESENTATION AND/OR COUNSEL IN LEGAL PROCEEDINGS, AND TO PROMOTE SOCIAL							
AND FRATERNAL ACTIVITIES							
(Grants \$)	If this	s amount includes foreign o	grants, check here .	<u>· · ► ┌ </u>	28a	52,558	
29							
(Grants \$)	Ifthi	s amount includes foreign o	grants, check here .	▶ ┌	29a		
30							
(Grants \$)	Ifthi	s amount includes foreign g	grants, check here .	▶┌	30a		
31 O ther program services (attach (Grants \$)		e)	grants, check here		31a		
32 Total program service expenses	(add line	es 28a through 31a) .		▶	32	52,558	
Part IV List of Officers, Direct	tors, Tru	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	truction	s 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 employee benefit p deferred compens	lans &	(e) Expense account and other allowances	
		devoted to position	enter -v)	deferred compens	ation	other anowalices	

Pa	rt 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		No
34	·			N o N o
34	4 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			IN O
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			
а	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		Νο
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		Νο
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 386			
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 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	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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			
41	List the states with which a copy of this return is filed 🕨 🛚 NJ			
42a	The organization's books are in care of 🕨 TREASURER	► <u>(20</u>	1)330	2060
	P O BOX 1038 Located at SECAUCUS, NJ ZIP + 4	▶ <u>07</u>	09610	38
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V.s.=	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No No
	account)?			
	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	f c At any time during the calendar year, did the organization maintain an office outside of the U S ?			No
	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	• •	• •	▶ Г
4.5	Did the annual to the state of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of	44		
Form 990-EZ.				N o
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		No
		O	90- E7	(2000)

Form	990-E	Z (2009)							Page 4
Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectio	n 4947(a)(1) nonex	-			-	stions
46	Did the	e organization engage in direct	or indirect political ca	mpaign activities on be	ehalf of or in opp	osition to		Yes	No
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 a school describe	d in section 170(b)(1)	(A)(II)? If "Yes," comple	ete Schedule E		48		
49a	Did the	e organization make any transfe	ers to an exempt non-c	charitable related orgai	nızatıon?		49a		
ь	If "Yes	s," was the related organization	a section 527 organiz	ation?			49b		
50	•	ete this table for the organizati yees) who each received more t				,			
(a)		and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	ion employee	cributions to penefit plans & compensation	a	e) Expe count r allow	and
50(f)) Tota	I number of other employees pa	nd over \$100,000 .				• <u> </u>		
	ofcom	ete this table for the organization pensation from the organization me and address of each indepe	n Ifthere is none, ente	er "None "		each received n		an \$10 Compen	
51(d		I number of other independent o							
Plea Sign Here	se	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer SCOTT LANGEVIN PRESIDENT Type or print name and title				on of which prepare			
Paid		Preparer's EDMOND P BRADY CPA		Date 2010-02-12	Check if self-empolyed	Preparer's identif (See instructions)		nber	
	parer's Firm's name (or yours of self-employed), address, and ZIP + 4 MCENERNEY BRADY & COMPANY LLC 293 EISENHOWER PARKWAY SUITE 270				EIN ▶ Phone no ▶ (9	73) 535-	2880		
May t	he IRS	discuss this return with the pre	N, NJ 070391711 eparer shown above? S	See instructions			<u>Г</u> у		- No
	110	The state of the s	-, 3.1. 1.1.0 40010.			.			

Additional Data

Software ID: Software Version:

EIN: 22-3070788

Name: NEWJ SECAUCUS PBA LOCAL 84

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SCOTT LANGEVIN® PO BOX 1038 SECAUCUS,NJ 07096	PRESIDENT 0	0		
LINDA MANGONE DO BOX 1038 SECAUCUS,NJ 07096	V -PRES O	0		
MARTIN MOREDO PO BOX 1038 SECAUCUS,NJ 07096	SEC'Y 0	0		
MARK VALENTINO DO BOX 1038 SECAUCUS,NJ 07096	TREASURER O	0		
GEORGE MILLER DO BOX 1038 SECAUCUS, NJ 07096	STATE DEL 0	0		

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TY 2009 Compensation Explanation

Name: NEWJ SECAUCUS PBA LOCAL 84

EIN: 22-3070788

Person Name	Explanation
SCOTT LANGEVIN	
LINDA MANGONE	
MARTIN MOREDO	
MARK VALENTINO	
GEORGE MILLER	

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TY 2009 Other Expenses Schedule

Name: NEWJ SECAUCUS PBA LOCAL 84

EIN: 22-3070788

Description	Amount
EXPENSES	
CONVENTION EXPENSES	13,094
COUNTY CONFERENCE	390
INSURANCE	578
COMMUNITY RELATIONS	480
NJ STATE PBA DUES	5,928
PROMOTIONAL AND GOODWILL	2,160
SCHOLARSHIPS	4,000
BANK CHARGES	2
FILING FEES	30
OFFICE EXPENSE	783
TELEPHONE EXPENSES	1,120
MAILING FUND DRIVE EXPENS	4,019