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Form **990**

Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public

	I				04 2000 05 20 204			Inspection
				r, or tax year beginning 07 C Name of organization	-01-2009 and ending 06-30-2010	U	D Employer ide	entification number
	еск іт а dress ch	pplicable Pleas		NEW JERSEÝ STATE PBA LOCA	AL 105		22-210085	4
	me cha	label	or	Doing Business As			E Telephone nu	
	tial retu	type.	See				(609) 396-8	8688
		Instr	uc-	Number and street (or P O b	ox if mail is not delivered to street addre	ss) Room/suite	G Gross receipts	
	mınate		5.					
	ended			City or town, state or country TRENTON, NJ 086081203	, and ZIP + 4			
App	plication	n pending		,			_	
				me and address of principal	officer	H(a) Is t	— hıs a group returr	
				NORMAN-PRESIDENT RTH WILLOW STREET		affili	iates?	⊤Yes ▼ No
		TI	RENT	ON,NJ 08608		H(b) Are	all affiliates includ	ed?
					<u></u>	If"N	No," attach a lıst	(see instructions)
I Ta	x-exem	npt status 🔽	501(c)) (9) ◀ (insert no)	(a)(1) or 527	H(c) Gro	oup exemption nu	mber 🟲
J W	ebsite	e: ► N/A						
K For	m of or	ganization 🔽 Co	orporat	tion Trust Association C	other ▶	L Year of f	formation 1977	State of legal domicile NJ
	rt I	Summary	-	, ridet, rideciadori, e		12 . 54. 51 .	2377 1	- state of logar definition 113
	1			e organization's mission or	most significant activities			
a)		SEE SCHEDU	JLE C	FOR THE ORGANIZATION	ON'S MISSION			
Governance								
Ĕ								
₹	2	Check this he	ox ⊫ F		itinued its operations or disposed	of more than	25% of its net a	assets
ŝ								_
	3		_		oody (Part VI, line 1a)			-
Activities &	4				e governing body (Part VI, line 1b))		
Ē	5	Total number	ofen	nployees (Part V, line 2a)			5	
ਰੂ	6	Total number	ofvo	olunteers (estimate if neces	ssary)		6	
Q.	7a	Total gross u	nrela	ted business revenue from	Part VIII, column (C), line 12 .	•	7a	ı
	ь	Net unrelated	busi	ness taxable income from	Form 990-T, line 34		7t)
						Pri	ior Year	Current Year
	8	Contribution	ns and	d grants (Part VIII, line 1h)			0
를	9	9 Program service revenue (Part VIII, line 2g)					2,208,271	1,808,642
Reveni	10	Investment	ıncor	me (Part VIII, column (A),	lines 3, 4, and 7d)		-604,274	187,922
产	11	Other reven	ue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0
	12	Total reven	ue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), line	e		
					 		1,603,997	1,996,564
	13				olumn (A), lines 1-3)			0
	14				lumn (A), line 4)		554,918	476,359
Ø	15		nerco	ompensation, employee ber	nefits (Part IX, column (A), lines 5	5-	33,372	38,962
Expenses	160	10)	lfund	Irosana faas (Dart IV. salur	mn (A.) June 11e)		33,372	0
क्	16a				nn (A), line 11e)		+	0
五	Ь			enses (Part IX, column (D), line				
	17				11a-11d, 11f-24f)		1,835,258	1,436,879
	18				ual Part IX, column (A), line 25)		2,423,548	1,952,200
	19	Revenue les	sexp	penses Subtract line 18 fro	om line 12		-819,551	44,364
Net Assets or Fund Balances						_	ng of Current Year	End of Year
Set Set	20	Total accord	: /P	rt X, line 16)			3,145,931	3,314,258
A.B.	21						135,570	
英	21						·	232,778
					1 110111 11116 20		3,010,361	3,081,480
Pal	rt II	Signatur						h - h
					nined this return, including accompanying in of preparer (other than officer) is base			
		<u> </u>						
Sign		*****					0-09-13	
Here	е	Signature o	t office	er .		Date	2	
		TRENT NOF						
		Type or prii	nt nam	ie and title				
		Preparer's				Check If	Preparer's identif	
Paid		signature	EDMOI	ND P BRADY CPA		self- empolyed 🕨 🔽	(see instructions)
	arer's	Firm's name (o	r vour	s L MCENERNEY BRADY & COM		p31, Cu r		
Use (ıf self-employe	d),)			EIN Þ	
	,	address, and Z	[P + 4	293 EISENHOWER PARKWA	Y SUITE 270		Dharra in h	72) 525 2000
				LIVINGSTON, NJ 07039171	1		Phone no 🕨 (9	/3) 535-2880
May	the IR	S discuss this	retu		above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR THE ORGANIZATION'S MISSION

2			ant program services during the	year which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	hedule O		
3		ion cease conducting, or n	nake significant changes in how	it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ıle O		
4	Section 501(c)(3	3) and 501(c)(4) organizat	s for each of the organization's t ions and section 4947(a)(1) tru nd revenue, if any, for each prog	sts are required to report the a	
	(Code) (Expenses \$	1,675,586 including grants of s	\$) (Revenue \$	1,772,165)
		N WAS ESTABLISHED TO FURTHE ID MATERIAL AID TO MEMBERS A	R THE INTERESTS OF ITS MEMBERSHII S NEEDED,TO PROVIDE REPRESENTAT		
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program	services (Describe in Sch	 edule O)		
	(Expenses \$	•	uding grants of \$) (Revenue \$)
4e	Total program s	ervice expenses)	1,675,586		

Part TV	Check	list of	Peguired	Schedules
	CHECK	HISL OI	neuun eu	Juliculies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			[•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	• • • • • • • • • • • • • • • • • • • •	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		_

17 NORTH WILLOW STREET TRENTON,NJ 08608 (609) 396-8688

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management				
			Yes	No	
4.	Fortunation control of the control o				
1a b	Enter the number of voting members of the governing body 1a 16 Enter the number of voting members that are independent 1b 16	_			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	_			
2	other officer, director, trustee, or key employee?	2		Νο	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		Νο	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6	Yes		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal				
Re	venue Code.)				
			Yes	No	
	Does the organization have local chapters, branches, or affiliates?	10a		No	
Ь	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?				
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	12b	Yes		
	describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶NJ				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the TREASURER	ne orga	ınızatıor	n ►	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Institutional Trustee Individual trustee or director		Officei	Highest compensated employee Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
GREGORY KELLEY PAST PRESIDE	40 00	х						6,000	0	0	
TRENT NORMAN PRESIDENT	40 00	х						4,000	0	0	
RONALD WILLIAMS 2ND V-PRES	40 00	х						4,000	0	0	
BRIAN RENSHAW 3RD V-PRES	40 00	х						4,000	0	0	
EARL WILLIAMS 4TH V-PRES	40 00	х						4,000	0	0	
MICHAEL GOODMAN PAST EXE VIC	40 00	х						4,000	0	0	
LARS PETERSON TREASURER	16 00	х						1,000	0	0	
LANCE P LOPEZ SR EXE V-PRES	40 00	х						0	0	0	
CLIFFORD RUMPH 1ST V- PRES	40 00	Х						0	0	0	

Forr	n 990 (2009)			Page {
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶	1		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensation line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual			No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for suc individual			No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for rendered to the organization? If "Yes," complete Schedule I for such person			No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more \$100,000 of compensation from the organization	than		
	(A) Name and business address Descrip	(B) otion of services	(C Compe	
ONE	ELLA NOWAK FRIED ZAZZALI RIVERFRONT PLAZA LEGAL SVCS ARK, NJ 07102			298,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🗗

Form **990** (2009)

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Part v	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$2	1a	Federated camp	paigns 1a					
죨	ь	Membership du	es 1b					
2,€	c	Fundraising eve	ents 1c					
Æ ¥	d	Related organiz	ations 1d					
% <u>`</u> ≣	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f					
쿭	g	similar amounts no	ot included above butions included in					
돌								
္မ	h		s 1a-1f	▶				
				Business Code				
enc	2a	DUES INCOME			1,772,165	1,772,165		
Eg.	ь	PBA ITEM SALES			26,829	26,829		
- Co	c	OTHER PROGRAM	SERVICE REVENUE		6,929	6,929		
Program Service Revenue	d	SPECIAL EVENT INC	COME		2,719	2,719		
ج د	e							
≘ Ea	f	All other progra	ım service revenue					
Š	g	Total Add lines	s 2a-2f	L	1,808,642			
	3		ome (including dividen		1,000,042			
			aramounts)		96,643			96,643
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,079,586					
		assets other than inventory						
	ь	Less cost or other basis and	988,307					
		sales expenses	04.270					
	C C	Gain or (loss)	91,279	<u> </u>	91,279	91,279		
	d 8a	Gross income f	s)		91,279	91,279		
<u> </u>	"	events (not inc						
듄		\$	reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а					
Other Revenue	Ь		penses b					
0	c 9a		loss) from fundraising	events F				
	94	See Part IV, lin	rom gaming activities e 19					
			а					
	Ь		penses b					
	C 10-		loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other revenu						
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	1,996,564	1,899,921		96,643

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.						
	ll other organizations must complete column (A) but are not required to	complete column	(B), (C), and (B)	(D). (C)	(D)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16					
4	Benefits paid to or for members	476,359	476,359			
5	Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	35,945	25,162	10,783		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes	3,017	2,112	905		
11	Fees for services (non-employees)					
а	Management					
b	Legal	366,188	292,951	73,237		
С	Accounting	53,865	37,706	16,159		
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f	Investment management fees	30,927		30,927		
g	Other					
12	Advertising and promotion					
13	Office expenses	41,096	28,768	12,328		
14	Information technology	·		·		
15	Royalties					
16	Occupancy					
17	Travel	48,304	38,644	9,660		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			.,		
19	Conferences, conventions, and meetings	158,402	126,722	31,680		
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	64,526	32,263	32,263		
23	Insurance	34,777	24,344	10,433		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	NJPBA PER CAPITA DUES	294,229	294,229			
b	OFFICERS' ALLO WANCES	50,862	43,232	7,630		
С	TELEPHONE	39,254	27,478	11,776		
d	SILVER LIFE CARDS	33,384	33,384			
e	COMMUNITY RELATIONS	32,651	32,651			
f	All other expenses	188,414	159,581	28,833		
25	Total functional expenses. Add lines 1 through 24f	1,952,200	1,675,586	276,614	0	
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,-	, ,,,,,,,	-,		

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	98,286	1	137,658
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,086	4	60,120
	5	Receivables from current and former officers, directors, trustees, key employees, and			
		highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
60		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
- SS	8	Inventories for sale or use	4,307	8	4,075
⋖	9	Prepaid expenses and deferred charges	160,538	9	144,521
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 471,990			
	ь	Less accumulated depreciation 10b 232,622	281,948	10c	239,368
	11	Investments—publicly traded securities	2,544,766	11	2,728,516
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,145,931	16	3,314,258
	17	Accounts payable and accrued expenses .	135,570	17	232,778
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>, 9</u>	21	Escrow or custodial account liability $\ \textit{Complete Part IV of Schedule D}$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ä		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	135,570	26	232,778
S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
Fund Balance		through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	3,010,361	27	3,081,480
ä	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets		29	
⊒		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
or	30	lines 30 through 34.		20	
Assets	30	Capital stock or trust principal, or current funds		30	
is si	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	3,010,361	32	3,081,480
Net	33	Total liabilities and not possets (find belongs		33	
	34	Total liabilities and net assets/fund balances	3,145,931	34	3,314,258

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493259009500

OMB No 1545-0047

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directly delivered to a separate political organization If none, enter -0-

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990 Part IV Line 4 or Form 990-F7 Part VI line 47 (Lobbying Activities) then

Na	me of the organization W JERSEY STATE PBA LOCAL 105	zations Complete Part III		Employer ider	ntıfıcatı	on numbe	·r
				22-2100854			
	•	ganization is exempt under	•	_	orga	nizatio	<u>n.</u>
1	·	ganization's direct and indirect politi	cal campaign act	civities in Part IV			
2	Political expenditures			•	\$		21,105
3	V olunteer hours						
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	>	\$		
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 🕨	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			☐ Yes	✓ No
4a	Was a correction made?					☐ Yes	✓ No
ь	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under	section 501(c) except section 50:	1(c)(3	3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$		
2	-	rganızatıon's funds contributed to ot	her organizations	s for section 527			
	exempt funtion activities			•	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$		
4	Did the filing organization file F	Form 1120-POL for this year?			T	┌ Yes	 ✓ No
5	were made For each organizat contributions received that we	nd employer identification number (E. ion listed, enter the amount paid fron re promptly and directly delivered to littee (PAC) If additional space is ne	n the filing organ a separate politi	ızatıon's funds Also enter t cal organızatıon, such as a	the amo	ount of po	litical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's	1 ' '	A mount of ributions	f political received

	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a	n affiliated group A and "limited control" provisions apply	_		
	Limits on Lobbying E (The term "expenditures" means an			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1b))			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 10	and 1d)			
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin		<u> </u>		
	Subtract line 1g from line 1a If zero or less, ente		<u> </u>		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the organization file Form	4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av	veraging Period Under Section 501	(h)		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5	5768
	(election under section 501(h)).	

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation
ADDITIONAL INFORMATION	,	THE ORGANIZATION PAID 21,105 LOBBIEST FEES IN 2009

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493259009500

OMB No 1545-0047

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NEW JERSEY STATE PBA LOCAL 105 22-2100854 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		oradvised Yes V No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit		
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	ganization (check all that apply) on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure
	easement on the last day of the tax year	ī	
	-	•	Held at the End of the Year
a	Total number of conservation easements	•	2a
Ь	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) ac	·	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🗠		
4	Number of states where property subject to conserva	tion easement is located 🛌	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of violations, and Yes V No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes V No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

aг	TITLE Organizations Maintaining Co	ilections of Art	i, Hisi	tori	caiire	asures, or	Otne	er Similar <i>F</i>	Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e foll	owing tha	it are a signif	icant (use of its colle	ection		
а	Public exhibition		d	Γ	Loan or	exchange pro	ograms	5			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
1	Provide a description of the organization's co	ollections and expla	ıın how	they	/ further t	he organizat	ion's e	xempt purpos	e ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,				nılar	Γ,	Yes	√ No
Pa I	t IV Escrow and Custodial Arrang						red "۱	es" to Form	990	,	
	Part IV, line 9, or reported an ar		•								
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or other a	ssets	not	Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng ta	able		_				
								<u>'</u>	4 mou	nt	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?						Γ,	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV										
a	rt V Endowment Funds. Complete										
	Paginning of year halance	(a)Current Year	(b)	Prior \	rear (c) Two Years Ba	ck (d	Three Years Bac	k (e)	Four Ye	ears Back
a L	Beginning of year balance								+		
b	Contributions								+		
٦ C	Grants or scholarships										
d e	Other expenditures for facilities								+		
_	and programs										
f	Administrative expenses										
g	End of year balance										
	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment • %										
c	Term endowment ► %										
a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat a	re held a	nd administe	red for	the			
	organization by	3								Yes	No
	(i) unrelated organizations								a(i)		Νo
	(ii) related organizations							3	a(ii)		No
	If "Yes" to 3a(II), are the related organizatio								3b		No
_	Describe in Part XIV the intended uses of the					N Dowt V Jun	10				
Æ.	t VI Investments—Land, Building:	s, and Equipme	nt. 50						1		
	Description of investment) Cost or o			(c) Accumula depreciatio		(d) Bo	ook value
a	Land						12,907				12,907
b	Buildings						51,627	18	3,029		33,598
c	Leasehold improvements						194,134	86	5,628		107,506
d	Equipment						55,428	30	0,285		25,143
e	Other						157,894	97	7,680		60,214

239,368

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

-CII	Reconcination of Change in Net Assets from Form 990 to Financial Statemen	112	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,996,564
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,952,200
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	44,364
4	Net unrealized gains (losses) on investments	4	26,755
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	26,755
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	71,119
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,023,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	26,755
3	Subtract line 2e from line 1	3	1,996,564
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,996,564
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,952,200
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,952,200
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,952,200
Par	t XIV Supplemental Information		
C	anista this name to many do the decomptions required for Down II lines 2. F. and 0. Down III lines 1 and 4. Do	11.7	l 1 b 1 2 b

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Ref

Return Reference | Explanation

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization NEW JERSEY STATE PBA LOCAL 105

Employer identification number

22-2100854

ldentifier	Return Reference	Explanation						
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS MEMBERS THAT VOTE TO ELECT THE GOVERNING BOARD						
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS VOTE ON APPROVING CHANGES IN THE ORGANIZATION'S BY LAWS AND APPROVING OTHER SIGNIFICANT DECISIONS ON THE GOVERNING BOARD						
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS VOTE ON APPROVING CHANGES IN THE ORGANIZATION'S BY LAWS AND APPROVING OTHER SIGNIFICANT DECISIONS ON THE GOVERNING BOARD						
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE BOARD REVIEWS THE FORM 990 WITH THE OUTSIDE AUDITOR APPROXIMATELY ONE WEEK BEFORE FILING WITH THE INTERNAL REVENUE SERVICE						
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANY PERSON SUBJECT TO THE CONFLICT OF INTEREST POLICY SHALL REPORT THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST FOR HIMSELF/HERSELF OR ANY OTHER PERSON SUBJECT TO THE POLICY THE REPORT SHALL BE MADE TO THE PRESIDENT OF THE ORGANIZATION IN THE EVENT THAT THE PERSON IN QUESTION IS THE PRESIDENT, SAID REPORT SHALL BE MADE TO THE BOARD A FULL DISCLOSURE OF ALL FACTS PERTAINING TO ANY TRANSACTION THAT IS SUBJECT TO ANY DOUBT CONCERNING THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST SHALL BE MADE TO THE PRESIDENT BEFORE CONSUMMATING THE TRANSACTION A MEMBER, OFFICER, OR EMPLOYEE MAY NOT BECOME INVOLVED IN A TRANSACTION WITH THE ORGANIZATION OR ANY OTHER ORGANIZATION IN QUESTION IF THERE EXISTS OR APPEARS TO EXIST A CONFLICT OF INTEREST, EXCEPT WITH THE CONSENT OF THE BOARD AFTER FULL DISCLOSURE INDIVIDUALS WHO KNOWLINGLY VIOLATE AND/OR REFUSE TO ABIDE BY THIS POLICY MAY BE SUBJECT TO TERMINATION OF THEIR RELATIONSHIP WITH THE ORGANIZATION						
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD DETERMINES THE PRESIDENT'S STIPEND THROUGH A COMPARISON OF STIPENDS WITH SIMILAR ORGANZATIONS						
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD DETERMINES THE OFFICERS' STIPENDS THROUGH A COMPARISON OF STIPENDS WITH SIMILAR ORGANZATIONS						
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1024, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST INTERESTED PARTIES SHOULD CONTACT THE PRESIDENT AT 17 NORTH WILLOW STREET, TRENTON, NJ 08608 TO REQUEST A COPY OF ANY OF THE DOCUMENTS THE ORGANIZATION FREELY DISTRIBUTES ITS DOCUMENTS UPON REQUEST						

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	THE ORGANIZATION WAS ESTABLISHED TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOY MENT, 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493259009500

OMB No 1545-0172

Department of the Treasury

See separate instructions.

► Attach to your tax return.

Sequence No 67

Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates NEW JERSEY STATE PBA LOCAL 105 INDIRECT DEPRECIATION 22-2100854 **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 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 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 instructions) 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 64,526 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-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 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/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 S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions)

23

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

23 For assets shown above and placed in service during the current year, enter the

64.526

22

21 Listed proper

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ onvention		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlassin	% %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	(a)			(b)		(c)		(d)		(e)		(f)	
year (do not includ		-		Vehicle 1		Vehicle 2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehicle 6	
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				10	.,					
(a)				(c) A mortizable			(d)			(e) A mortization		nı		(f)	an far	
		amortization		amo			Code section		n period		d or		A mortiza this y			
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Additional Data

Software ID:

Software Version:

EIN: 22-2100854

Name: NEW JERSEY STATE PBA LOCAL 105

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
NJPBA PER CAPITA DUES	294,229	294,229		
OFFICERS' ALLOWANCES	50,862	43,232	7,630	
TELEPHONE	39,254	27,478	11,776	
SILVER LIFE CARDS	33,384	33,384		
COMMUNITY RELATIONS	32,651	32,651		