

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



Form	990-EZ (2010) NEW JERSEY PBA	r108	·	22	<u>-221</u>	4973	Page 2
Pai	HIE Balance Sheets, (see the in	structions for Part II.)	ation in this Park II				
	Check if the organization used Scho	edule O to respond to any que	stion in this Part IL) Beginning of ye		(B) End (
				47,703	22		06,866.
22	Cash, savings, and investments	• • • • • • • • • • • • • • • • • • • •		41,103	23		00,000.
23	Land and buildings				24		
24	Other assets (describe in Schedule O) Total assets.		<i>)</i> ······-	47,703		1	06,866.
25	Total assets.			47,703	_		0.
26	Total liabilities (describe in Schedule O)) ····	47,703		1	06,866.
_27	Net assets or fund balances (line 27 of	column (B) must agree with in	(aga tha inatra fas Dari		1		
Pa	Statement of Program Ser	vice Accomplishments	(see the mistrs for Part	· · · · · · · · X	/Dan	Expense	
	Check if the organization used So	chedule O to respond to any qu	Jestion in this Part III		1501(c	uired for sec ()(3) and 50	(c)(4)
What Desi desc prog	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the cribe the services provided, the number of the number of the critical services.	e Schedule 0 e organization's exempt purpo persons benefited, and other	ses, in a clear and con relevant information for	r each	organ 4947	nizations and (a)(1) trusts; hers.)	d section
28							
					1		
	(Grants \$) If th						
	(Grants \$) If the	ns amount includes foreign gra	ants, check here		28a		
29					1		
					- }		
	(Grants \$) If the	nis amount includes foreign gra	ants, check here	· · · · · •	29a		
30					₹.		
		nis amount includes foreign gra			30 a		
31	Other program services (describe in Sch					,	
	(Grants \$) If the	nis amount includes foreign gra	ants, check here	<u> </u>	31 a		
	Total program service expenses (add lin				32		
Pa	rt IV. List of Officers, Directors				id. (see i	the instructions	for Part IV.)
	Check if the organization used S					<u> </u>	··
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla	ans and		se account allowances
ΔN	ASTASIO ANASTASATOS	to position Vice President	0.	deferred compens			
	BROAD STREET	10.00	• .	ļ	0.		600.
	IZABĒTH, NJ 07201	10.00		ì			
	CHARD HUGELMEYER	Secretary	0.	 	0.		
	BROAD STREET	10.00	· ·	į	υ.		600.
	IZABETH, NJ 07201	10.00		1			
	BERT MCLAUGHLIN	President	0.	<u> </u>			
2	BROAD STREET	I Flesidend			0.		600.
ĒĪ.	IZABETH, NJ 07201	٦ ٩					
TA	RA HALPIN	Treasurer	0.				500
3	BROAD STREET	1 Treasgrer	U.	ļ	0.	ł	600.
	IZABETH, NJ 07201	٦ ٦					
RY	AN WILSON	Trustee	Ö.				240
27	06 ORCHARD TERRACE	1 11uscee	٥.		0.		340.
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	990-EZ (2010) NEW JERSEY PBA 108		2-2214973		Pa	age 3
Par	A VII Other Information (Note the statement requirements in the instructions	s for Part V.	<b>)</b>			_
	Check if the organization used Schedule O to respond to any question in this Party	<del> </del>	<del> </del>	<del></del>	·····	No
	Did the organization engage in any activity not previously reported to the iRS? If 'Yes,' provide each activity in Schedule O			33	Yes	X
	"Were any significant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the an		· · · · · · · · · · · · · · · · · · ·	34	2.38	X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), be explain in Schedule O why the organization did not report the income on Form 990-T	ut <b>not</b> reported on F	orm 990-1,			
	a Did the organization have urrelated business gross income of \$1,000 or more or was it a section 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements	ion 501(c)(4), 50 17	01(c)(5), or	35 a		X
Ł	o if 'Yes.' has it filed a tax return on Form 990-T for this year (see instructions)?		· · · · }	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of vear? If 'Yes,' complete applicable parts of Schedule N.			36	72.939	X
<b>3</b> 7 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	37 b		િ:ેક <b>X</b>
38:	a Did the organization hie roll trize to 2 to this years to, any officer, director, trustee, or key early such loans made in a prior year and still outstanding at the end of the tax year covered by	employee or we	, E	38a	úÆ	X
1	b if 'Yes,' complete Schedule L, Part II and enter the total	38b	N/A			
30	amount involved	(X)		<b>XXXI</b>		P#\$\$
	a Initiation fees and capital contributions included on line 9	39a	N/A	23		
	b Gross receipts, included on line 9, for public use of club facilities	39ь	N/A	CARGO CE		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:				
	section 4911 ► N/A; section 4912 ► N/A; section 4955		N/A			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	8 excess benefi at has not been	t reported	40 b		. V.
	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	•	0.		22 ( 22.00)	
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶	0.			, X
	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	d tax		್ಲಿ 40e	££:	î X
41	List the states with which a copy of this return is filed • NJ					
42	a The organization's		222 51			
	books are in care of > TARA HALPIN		o. <b>-</b> <u>908-55</u>			
	Located at > 2 BROAD STREET ELIZABETH NJ	^{(IP +}	4 <b>-</b> <u>07201</u> -	-2202	<u>-</u> -	
	b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authorit	y over a	42b	Yes	No X
	if 'Yes,' enter the name of the foreign country:	iancial account	<i>,</i>	32.5	र छ	7
	11 Tos, enter the helic of the lotely routing					
				33	25	1
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina	ancial Accounts			300	100
	c At any time during the calendar year, did the organization maintain an office outside of the U			42c	<b>\%</b> }*}	X
	If 'Yes,' enter the name of the foreign country:			420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che and enter the amount of tax-exempt interest received or accrued during the tax year	eck hera	► 43	•		N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mi		<u> </u>	44a	Yes	
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ.	0 must be comp	oleted			X
	c Did the organization receive any payments for indoor tanning services during the year?			44b		X
	d if 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' pa	rauda an austa	nation :-	44c		<del>  ^</del>
_	Schedule C	rovide an expla	🔂 (	5463	1	02
BA	A TEEA0812L 02/18/11			rm <b>99</b> 0		

elated organization a controlled entity organization receive any payment from 512(b)(13)? If 'Yes,' Form 990 and organization engage, directly or indirets for public office? If 'Yes,' completes for public office? If 'Yes,' completes for public office? If 'Yes,' complete 5ection 501(c)(3) organizations and start of the organization used Sched organization engage in lobbying activity and school as described in the organization	y of the organization within or engage in any trans is Schedule R may need to rectly, in political campaignte Schedule C, Part I  Ins and section 4947 ection 4947 (a) (1) no the tables for lines is the tables for lines is the tables of the tables of the tables? If 'Yes,' complete Section 4947 (a) (1) and the tables for lines is the tables of tables	action with a control be completed instead in activities on behalf (a)(1) nonexemplexempt charitation and 51.	lied entity within the mean ad of Form 990-EZ (see in f of or in opposition to pt charitable trusts of able trusts must answ	nst.)45a 46 only. All section wer questions
organization receive any payment from 512(b)(13)? If 'Yes,' Form 990 and organization engage, directly or indiretes for public office? If 'Yes,' completes for public office? If 'Yes,' complete 501(c)(3) organizations and significant from 52, and complete check if the organization used Sched organization engage in lobbying activities.	om or engage in any trans is Schedule R may need to ectly, in political campaignte Schedule C, Part I  ns and section 4947 ection 4947(a)(1) no the tables for lines!  suite O to respond to any govities? If 'Yes,' complete S	action with a control be completed instead in activities on behalf (a)(1) nonexemplexempt charitation and 51.	lied entity within the mean ad of Form 990-EZ (see in f of or in opposition to pt charitable trusts of able trusts must answ	nst.)45a 45a 46 only. All section wer questions
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check if the organization used Sched organization engage in lobbying active organization a school as described in	lule O to respond to any q	uestion in this Part	VI,	
organization engage in lobbying activ	vities? If 'Yes,' complete S			
rganization a school as described in	vities? If 'Yes,' complete \$			Yes
rganization a school as described in		Schedule C, Part II.		47 48
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			49a	
organization make any transfers to a	in exempt non-charitable	related organization:	· · · · · · · · · · · · · · · · · · ·	49b
was the related organization a secur	on 527 organization:	molovees (other than	n officers, directors, truste	· -
te this table for the organizations live ees) who each received more than \$	100,000 of compensation	from the organization	n. If there is none, enter	'None.'
ime and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employed benefit plans and deferred compensation	ee (e) Expense account and other allowances
	-			
	_			
		<u> </u>		
				<del> </del>
		0	(b) Type of service	(c) Compensation
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organization complete Schedule A?	Note: All section 501(c)(3		. ►	
	cnedule A		nd to the best of my knowledge ar	. Yes
pie trusts must attach a completed So of perjury, I declare that I have examined this re of complete. Declaration of greaters (other thin	turn, including accompanying sch	of which are not be	v konuladaa	
	eturn, including accompanying sch officer) is based on all information	of which preparer has any	y knowledge	
of persury, I declare that I have examined this re	etim, including accompanying schofficer) is based on all information	of which preparer has an	y knowledge Date	
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of perpury, I declare that I have examined this red complete. Declaration of preparer (other than of Signature of officer.  Type or print name and title.	officer) is based on all information	Oata	y knowledge	PTIN N/A
of perpury, I declare that I have examined this red complete. Declaration of preparer (other than of Signature of officer.  Type or print name and title.	Preparer's signature	Oata	Date Check X u	1
of perpury, I declare that I have examined this red complete. Declaration of preparer (other than of Signature of officer.  Type or print name and title.  Print/Type preparer's name.	Preparer's signature  ECK, CPA & CO.,	Data 5/2	Date Check X u	N/A
	te this table for the organization's fives) who each received more than \$ time and address of each employee paid more than \$ 100,000.  The time and address of each employees paid over the this table for the organization's fivestion from the organization. If there (a) Name and address of each independent or the organization is the organization of the organization.	te this table for the organization's five highest compensated elees) who each received more than \$100,000 of compensation ime and address of each employee paid cover \$100,000 control of the position state of the organization of the position of the organization. If there is none, enter 'None.'  (a) Name and address of each independent contractor paid more than \$100,000 control of the organization of the organization of the paid more than \$100,000 control of the organization of the o	te this table for the organization's five highest compensated employees (other than \$100,000 of compensation from the organization in the organiza	Impact and address of each employee paid devoted to position deferred compensation deferred compensation.  Impact and address of each employee paid devoted to position deferred compensation.  Impact of other employees paid over \$100,000  It this table for the organization's five highest compensated independent contractors who each received mosation 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

0425870078 Oct. 20, 2011 LTR 2695C 0 R 22-2214973 201012 67 00019161

NEW JERSEY PBA #108
UNION COUNTY SHERIFFS OFFICERS
2 BROAD ST
ELIZABETH NJ 07201



005066

#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

11/10/11

Vice President

Title

DEC 2 0 2011

OP'S 1 DE: 1 BB
IRS C S. LITAH

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public haspection

OMB No 1545-0047

Name of the organization NEW JERSEY PBA #108	Employer Identification number
UNION COUNTY SHERIFFS OFFICERS	22-2214973
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
TO PROMOTE AND FOSTER THE MORALE AND WELFARE OF UNION COUNTY SE	ERIFF'S OFFICERS.
FRATERNAL ORGANIZATION DEDICATED TO THE ADVANCEMENT, EDUCATION	AND_CARE_OF_IT'S
MEMBERS.	
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Schedule O (Form 990 or 990 EZ) 2010