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2M818

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** 06/01/10 , **and ending** 12/31/10

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NEWJ MIDDLESEX COUNTY SHERIFFS DEPT. PBA LOCAL #165, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 967

City or town, state or country, and ZIP + 4
NEW BRUNSWICK NJ 08903-0165

D **Employer identification number**
22-2933938

E Telephone number
732-745-4118

F Group Exemption Number ▶ 3116

G Accounting Method [ ] Cash [X] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c) (9) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 46,058

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	3,730
3	Membership dues and assessments	See Statement	3	42,068
4	Investment income		4	260
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Gaming and fundraising events			
a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe in Schedule O)		8	
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	46,058
10	Grants and similar amounts paid (list in Schedule O)		10	
11	Benefits paid to or for members		11	34,085
12	Salaries, other compensation, and employee benefits		12	
13	Professional fees and other payments to independent contractors		13	7,330
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	121
16	Other expenses (describe in Schedule O)		16	14,260
17	**Total expenses.** Add lines 10 through 16 ▶		17	55,796
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,738
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	63,069
20	Other changes in net assets or fund balances (explain in Schedule O)		20	7,099
21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	60,430

Expenses

Net Assets

SCANNED NOV 08 2011 Revenue

RECEIVED
751 OCT 17 2011 IRS-OSC
OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

DAA

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	63,069	22	60,430
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	63,069	25	60,430
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	63,069	27	60,430

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Schedule O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 53,593

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 53,593

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address		(a) 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
PAUL LUCARELLI	NEW BRUNSWICK	PRESIDENT			
P.O. BOX 967	NJ 08903	10.00	0	0	0
MICHAEL ANSALDO	NEWS BRUNSWICK	FIRST VICE-PRESIDENT			
P.O. BOX 967	NJ 08903	5.00	0	0	0
TIMOTHY SMITH	NEW BRUNSWICK	2ND VICE-PRESIDENT			
P.O. BOX 967	NJ 08903	5.00	0	0	0
ROBERT GALIARDO	NEW BRUNSWICK	RECORDING SEC'Y			
P.O. BOX 967	NJ 08903	5.00	0	0	0
CLIFFORD WALLING	NEW BRUNSWICK	TREASURER			
P.O. BOX 967	NJ 08903	10.00	0	0	0
FERNANDO MARIN	NEW BRUNSWICK	FINANCIAL SECRETARY			
P.O. BOX 967	NJ 08903	5.00	0	0	0
ALAN MCDERMID	NEW BRUNSWICK	SGT AT ARMS			
P.O. BOX 967	NJ 08903	5.00	0	0	0
MATTHEW GARTLEY	NEW BRUNSWICK	SGT AT ARMS			
P.O. BOX 967	NJ 08903	5.00	0	0	0
MARK PAPI	NEW BRUNSWICK	DELEGATE			
P.O.BOX 967	NJ 08903	10.00	0	0	900
RICHARD CHARTIER	NEW BRUNSWICK	ASST. DELEGATE			
P.O. BOX 967	NJ 08903	10.00	0	0	0
MARK KURTZ	NEW BRUNSWICK	TRUSTEE			
P.O. BOX 967	NJ 08903	5.00	0	0	0
KEVIN MATRESARIO	NEW BRUNSWICK	TRUSTEE			
P.O. BOX 967	NJ 08903	5.00	0	0	0
GARY KOPERWHATS	NEW BRUNSWICK	TRUSTEE			
P.O. BOX 967	NJ 08903	5.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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	40e		X

41 List the states with which a copy of this return is filed ▶ NJ

42a The organization's books are in care of ▶ TREASURER Telephone no ▶ 732-745-4118

P.O. BOX 967

Located at ▶ NEW BRUNSWICK NJ ZIP + 4 ▶ 08903

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 10/12/11

~~FERNANDO MARIN~~ ROBERT GALLARDO FINANCIAL SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EDMOND BRADY	E P Brady CPA	9-23-11		P00100199

Firm's name ▶ MCENERNEY, BRADY & COMPANY, LLC — Firm's EIN ▶ 22-2833962

Firm's address ▶ 293 EISENHOWER PARKWAY, SUITE 270 LIVINGSTON, NJ 07039-1711 — Phone no 973-535-2880

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
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.	2010 Open to Public Inspection

Name of the organization	Employer identification number
NEWJ MIDDLESEX COUNTY SHERIFFS DEPT. PBA LOCAL #165, INC.	22-2933938

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
CONVENTIONS	$ 8,305
COUNTY CONFERENCE	$ 470
MEETINGS	$ 1,478
INSURANCE - D & O	$ 250
OFFICER ALLOWANCES	$ 575
PROMOTIONAL & GOODWILL	$ 2,800
FILING FEES	$ 60
OFFICE	$ 322
Total	$ 14,260

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
ADJUSTMENT FOR ADD'L CASH BALANCE	$ 7,099

Form 990-EZ, Part III - Primary Exempt Purpose

THE ORGANIZATION WAS ESTABLISHED TO FURTHER THE INTERESTS OF 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.

Form 990-EZ, Part III, Line 28 - First Achievement

TO FURTHER THE INTERESTS OF MEMBERSHIP BY SEEKING IMPROVED TERMS AND

Name of the organization: NEWJ MIDDLESEX COUNTY SHERIFFS

Employer identification number: 22-2933938

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.

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES	$ 42,068
Total	$ 42,068

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

Description	Amount
CHRISTMAS PARTY	$ 11,350
INSURANCE	5,945
LEGAL PROTECTION PLAN	12,423
MEMBERSHIP GOOD AND WELFARE	585
PBA ITEMS EXPENSE	3,782
Total	$ 34,085

Form **1128** (Rev January 2008)
Department of the Treasury Internal Revenue Service

Application To Adopt, Change, or Retain a Tax Year

▶ See separate instructions.

OMB No. 1545-0134
Attachment Sequence No. 148

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

Type or Print		
Name of filer (If a joint return is filed, also enter spouse's name) (see instructions)		Filer's identifying number
MIDDLESEX COUNTY SHERIFF'S OFFICERS PBA LOCAL 165		22-2933938
Number, street, and room or suite no (If a P.O. box, see instructions)		Service Center where income tax return will be filed
P.O.BOX 967		OGDEN, UTAH
City or town, state, and ZIP code		Filer's area code and telephone number/Fax number
NEW BRUNSWICK, NJ 08903		732-745-4163 NONE
Name of applicant, if different than the filer (see instructions)		Applicant's identifying number (see instructions)
SAME AS ABOVE		22-2933938
Name of person to contact (If not the applicant or filer, attach a power of attorney)		Contact person's area code and telephone number/Fax number
FERNANDO MARIN - FINANCIAL SECRETARY		732-745-4163 NONE

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- ☐ Individual
- ☐ Partnership
- ☐ Estate
- ☐ Domestic corporation
- ☐ S corporation
- ☐ Personal service corporation (PSC)
- ☐ Cooperative (sec. 1381(a))
- ☐ Controlled foreign corporation (CFC) (sec. 957)
- ☐ Foreign sales corporation (FSC) or interest-charge domestic international sales corporation (IC-DISC)
- ☐ Specified foreign corporation (SFC) (sec. 898)
- ☐ 10/50 corporation (sec. 904(d)(2)(E))
- ☐ Trust
- ☐ Passive foreign investment company (PFIC) (sec. 1297)
- ☐ Other foreign corporation
- ☒ Tax-exempt organization
- ☐ Homeowners Association (sec. 528)
- ☐ Other _____ (Specify entity and applicable Code section)

2a Approval is requested to (check one) (see instructions):

☐ Adopt a tax year ending ▶ _____ (Partnerships and PSCs: Go to Part III after completing Part I.)

☒ Change to a tax year ending ▶ DECEMBER 31 ☐ Retain a tax year ending ▶ _____

b If changing a tax year, indicate the date the present tax year ends. ▶ MAY 31

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ JUNE 1 , 20 10 , and ending ▶ DECEMBER 31 , 20 10

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ ☒ Yes ☐ No

If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

☒ Cash receipts and disbursements method ☐ Accrual method

☐ Other method (specify) ▶ _____

5 State the nature of the applicant's business or principal source of income.

NOT-FOR PROFIT ORGANIZATION ESTABLISHED TO FURTHER THE INTERESTS OF ITS MEMBERSH SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT FOR ITS MEMBERS.

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.

Filer	Preparer (other than filer)
▶ _____ Signature and date	_____ Signature of individual preparing the application and date
▶ Allan McDermid Name and title (print or type)	EDMOND P. BRADY, CPA Name of individual preparing the application
*If this application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.	MCENERNEY, BRADY & COMPANY, LLC Name of firm preparing the application

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

JSA
0W0160 1.000

Form 1128 (Rev. 1-2008)