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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

NEWJ RIDGEWOOD PBA LOCAL 20 INC

As Filed Data -

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

DLN: 93492318007291

D Employer identification number

22-6045290

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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

and ending 12-31-2010

Open to Public Inspection

Form **990-EZ** (2010)

I In	Initial return		131 NORTH MAPLE AVENUE		(201)	652-3900	
Terminated			City or town, state or country, and ZIP + 4		, ,		
Amended return Application pending			RIDGEWOOD, NJ 07450		F Group Exempt Number ► 31:		
ı Ap	oplicatio	on pending					
G A c	count	ting method	Cash CAccrual Other (specify) ►				
ΙWe	ebsit e	N/A		н	I Check ► 🔽	ıf the org	janization is not
J Tax	-Exemp	pt status(check	only one)— 501(c)(3) 501(c)(9) ◀(insert no) 4947(a)(1) or	527	required to at (Form 990, 9		
\$5	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and -EZ or Form 990 return is not required though Form 990-N (e-p to file a return, be sure to file a complete return				
	lines 5	5b, 6c, and 7b, to	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ	ıf total assets	(Part II, line 25, co ► \$	olumn (B) b	pelow) are \$500,000 or 184,192
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund B e organization used Schedule O to respond to any question in th		(See the instruc	tions for	Part I)
	1		s, gifts, grants, and similar amounts received			1	38,853
	2	Program ser	vice revenue including government fees and contracts			2	130,032
	3	Membership	dues and assessments			3	13,575
	4	Investment	income			4	1,732
	5a	Gross amou	nt from sale of assets other than inventory	_{5a}			· · · · · · · · · · · · · · · · · · ·
<u>o</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	l c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	n line 5a)		5c	
ě	6	Gaming and	fundraising events				
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	b	Gross incom reported on (\$15,000)					
	c	Less direct	expenses from gaming and fundraising events	6c			
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6	5b and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		1	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther reven	ue (describe in Schedule O)			8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	184,192
	10	Grants and s	similar amounts paid (list in Schedule O)			10	
	11	Benefits paid	d to or for members			11	29,304
	12	Salaries, oth	ner compensation, and employee benefits			12	
ψ O	13	Professional	fees and other payments to independent contractors			13	3,800
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
읈	15	Printing, pub	olications, postage, and shipping			15	62
	16	Otherexpen	ses (describe in Schedule O)			16	50,500
	17	Total expens	ses. Add lines 10 through 16			17	83,666
9	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	100,526
NetAssets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
t.A.		end-of-year	figure reported on prior year's return)			19	164,836
ž	20	O ther chang	es ın net assets or fund balances (explain in Schedule O) .			20	-5,612
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		. ▶	21	259,750

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II Balance Sheets							_
Check if the organization used	Schedule O to respond to	any question in t	his Part	<u> </u>			!
(See the instruct	tions for Part II)		(A) B	eginning of ye	ar	((B) End of year
22 Cash, savings, and investments .				164,	836 2	2	259,750
23 Land and buildings					2:	3	
24 Other assets (describe in Schedule O)				2	4	
25 Total assets				164,	836 2	5	259,750
26 Total liabilities (describe in Schedule	0)				2	6	
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		164,	836 2	7	259,750
Part III Statement of Program Check if the organization used	-		this Part	III . ▽		(Req	Expenses uired for section 501
What is the organization's primary exempt THE ORGANIZATION WAS ESTABLISHE SEEKING IMPROVED TERMS AND CONDAID TO MEMBERS AS NEEDED, TO PROVENCEEDINGS, AND TO PROMOTE SOCOMES OF THE PROPERTY O	D TO FURTHER THE INTE ITTIONS OF EMPLOYMEN /IDE REPRESENTATION / IAL AND FRATERNAL AC t the organization's exempt	T, TO RENDER N AND/OR COUNS TIVITIES t purposes In a c	MORAL A SEL IN L clear and	ND MATERIA EGAL concise man	A L .	4947	nizations and section (a)(1) trusts, nal for others)
program title 28 TO FURTHER THE INTERESTS OF ITS	,						
CONDITIONS OF EMPLOYMENT, TO REI PROVIDE REPRESENTATION AND/OR C AND FRATERNAL ACTIVITIES	NDER MORAL AND MATER	RIAL AID TO ME EEDINGS, AND	MBERS TO PRO	AS NEEDED, MOTE SOCI <i>A</i>	A L	8a	62,446
29							
(Grants \$) If the	s amount includes foreign (grants, check hei	re	►F	2	9a	
30							
(Grants \$) If the	s amount includes foreign (grants, check hei	re	. ▶ ┌	3	0a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) . . . s amount includes foreign (grants, check hei	 re	. ▶ ┌	3	1a	
32 Total program service expenses (add lin	es 28a through 31a) .			▶	3	32	62,446
Part IV List of Officers, Directors, Tru					ne instruc	ctions	for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week	(c) Compensa (If not paid	ation d, e	(d) Contribu mployee bene	fit plan	s &	(e) Expense account and
	devoted to position	enter -0))	deferred comp	ensatı	on	other allowances
See Additional Data Table							

Da		Other Information (Note the statement requirements in the instr	ructions for Dart V)			ruge
Pa	rt V	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V I		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33	res	No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name. Other alle O (see instructions)		34		No
35	If the o	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T				
а		organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
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 due the year? If "Yes," complete applicable parts of Schedule N			36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		Νo
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		Νo
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter				
а	Initiati	on 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 duri	ng the year under			
	section 4	9911 ▶, section 4912 ▶, section 4955 ▮	-			
b	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					
С		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	anization managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reir zation	mbursed by the ▶			
	transa	anizations. At any time during the tax year, was the organization a party to a pi ction? If "Yes," complete Form 8886-T -		40e		No
		states with which a copy of this return is filed MJ				
42a	The o	ganization's books are in care of ► TREASURER	Telephone no	<u>(20</u>	01)652	-3900
	Locate	131 NORTH MAPLE AVENUE d at ▶ RIDGEWOOD, NJ	ZIP + 4	▶ 0	7450	
h	Atany	time during the calendar year, did the organization have an interest in or a sig	anature or other authority			1
		financial account in a foreign country (such as a bank account, securities acc	-	42b	Yes	No No
		," enter the name of the foreign country 🕒				
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.	eport of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨				
43	Section	u 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ 「
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		Νo
b		e organization operate one or more hospital facilities during the year? If 'Yes,' of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar?	44c		No
d	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					100

orm 990-	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be		_	of section 5	12(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	the organization engage, directly of the organization engage, directly of the organization of the organiza			behalf of or	ın opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) no	nexempt	charitable tri		nly.	140
	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	d Schedule O to respond	to any question in this	Part V I				<u>. ୮</u>
							Yes	No
7 Did t	the organization engage in lobbyir	ng activities? If "Yes," c	complete Schedule C, Pa	art II		47		
8 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E								
9a Did t	the organization make any transfe	ers to an exempt non-ch	arıtable related organıza	ition?		49a		
b If "Y	es," was the related organization	a section 527 organizat	tion?			49b		
	plete this table for the organization							
•	loyees) who each received more t	than \$100,000 of compe (b) Title and average			ntributions to		e " e) Expe	nse
	e and address of each employee aid more than \$100,000	hours per week devoted to position	(c) Compensation	employee	benefit plans &	a	count a rallowa	and
		devoted to position		delerred	Compensation	othe	i allowa	ances
50(f) Tot	tal number of other employees pa	ıd over \$100,000 .						
5 0(f) Tot	tal number of other employees pa	ıd over \$100,000 .				• <u> </u>		
i 1 Com	plete this table for the organization	on's five highest comper	•	· · ·	• o each received m	nore th	an \$10	0,000
i 1 Com		on's five highest comper n If there is none, enter	"None"	,	each received n		an \$10	
i 1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
i 1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
i 1 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
61 Com of co	plete this table for the organization	on's five highest comper n If there is none, enter	"None "	,				
(a) N	plete this table for the organization in the organization from the organization lame and address of each independent c	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) ⊤y₁	pe of service	(c) C	ompen	sation
61 Com of co (a) N	plete this table for the organization ompensation from the organization lame and address of each indeper	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) ⊤y₁	pe of service	(c) C	ompen	sation
(a) No.	plete this table for the organization of the organization complete Sche	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizati	(b) Ty	pe of service	npt cha	ompen aritable 'es	sation sation
(a) Note the second of the sec	tal number of other independent c d the organization to the organization to the control of the control of the control of the control of the organization complete. So the cust attach a completed Schedule of the organization completed of the organization complete of the cust attach a completed Schedule of the control of t	on's five highest comper If there is none, enter ndent contractor paid motor of the contractor seach receiving the contractors each receiving the contractors. A	"None " ore than \$100,000 Ing over \$100,000 Ion 501(c)(3) organizati	(b) Ty	pe of service	npt cha	aritable res stof my	trusts
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1 Com of co (a) N 1(d) Tot 2 Dir mu nder pena owledge owledge.	tal number of other independent of the organization that the organization that the organization that the organization that the organization complete Scheust attach a completed Schedule and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief.	on's five highest comper If there is none, enter ndent contractor paid motor of the contractor seach receiving the contractors each receiving the contractors. A	"None " ore than \$100,000 Ing over \$100,000 Ion 501(c)(3) organizati	ons and 494	to all information of	npt cha	aritable res stof my	trusts No
i1 Com of co (a) N i3(d) Tot is i2 Dimensional content of the con	tal number of other independent c d the organization complete Sche ust attach a completed Schedule and belief, it is true, correct, and completed schedule.	on's five highest comper If there is none, enter ndent contractor paid motor of the contractor seach receiving the contractors each receiving the contractors. A	"None " ore than \$100,000 Ing over \$100,000 Ion 501(c)(3) organizati	ons and 494	47 (a)(1) nonexen	npt cha	aritable res stof my	trusts No
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51 Comof co (a) N 51(d) Tot 52 Direction nder pena nowledge nowledge.	tal number of other independent of the organization complete. The organization complete is attach a completed in the organization complete is attach a completed in the organization completed in th	on's five highest comper If there is none, enter ndent contractor paid motor of the part o	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type of the control of the contr	pe of service 47 (a)(1) nonexen statements, and to all information of 2011-11-11 Date Preparer's taxpay (See instructions)	npt cha p the be which	aritable (es st of my prepare	trusts No r has ar
51 Com of co (a) N 51(d) Tot 52 Di mu	tal number of other independent control and address of each independent of the organization of the organization of the organization complete. Scheust attach a completed Schedule and belief, it is true, correct, and control of the organization complete organization com	on's five highest comper If there is none, enter ndent contractor paid motor paid paid paid paid paid paid paid paid	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Tyr	pe of service 47 (a)(1) nonexen statements, and to all information of	npt cha p the be which	aritable (es st of my prepare	trusts No r has an

Software ID: Software Version:

EIN: 22-6045290

Name: NEWJ RIDGEWOOD PBA LOCAL 20 INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROSARIO VACCARELLA 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	PRESIDENT 10 00	0		
PETER YOUNGBERG 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	VICE-PRESIDE 5 00	0		400
MARK BUTLER 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	STATE DELEGA 10 00	0		1,100
JOHN CHUCK 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	FINANCIAL SE 5 00	0		
DOUGLAS HENKY 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	TREASURER 10 00	0		250
RAYMOND TARINO 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	REC SECRETA 5 00	0		
DARIN THOMAS 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	SGT AT ARMS 5 00	0		100
JEFF CASSON 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	TRUSTEE 5 00	0		250
MIKE LEMBO 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	TRUSTEE 5 00	0		250
PAUL KNAPP 20 131 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	TRUSTEE 5 00	0		250

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As Filed Data -

DLN: 93492318007291

Employer identification number

22-6045290

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization NEWJ RIDGEWOOD PBA LOCAL 20 INC

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Identifier **Explanation** Return Reference OTHER FORM 990-EZ, EXPENSES CONVENTIONS 10,578 COUNTY CONFERENCE 250 MEETINGS 1,536 INSURANCE 863 COMMUNITY **EXPENSES** PART I, LINE 16 RELATIONS 2,140 NJ STATE PBA DUES 4,212 OFFICER ALLOWANCES 2,600 OFFICERS' EXPENSES 515 PROMOTIONAL AND GOODWILL 5,344 ROYALTY EXPENSE 1,304 BANK CHARGES 224 FILING FEES 85 OFFICE EXPENSE 1,679 MAILING FUND DRIVE EXPENS 6,893 LOCAL BEEFSTEAK EXPENSE 12,277 TOTAL 50,500

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND	FORM 990-EZ, PART I, LINE	ADJUSTMENT TO CORRECT CASH BALANCE AT BEG
BALANCES	20	YEAR -5,612

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ORGANIZATION WAS ESTABLISHED TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT, TO RENDER MORAL AND MATERIAL AID TO MEMBERS AS NEEDED, TO PROVIDE REPRESENTATION AND/OR COUNSEL IN LEGAL PROCEEDINGS, AND TO PROMOTE SOCIAL AND FRATERNAL ACTIVITIES

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT, TO RENDER MORAL AND MATERIAL AID TO MEMBERS AS NEEDED, TO PROVIDE REPRESENTATION AND/OR COUNSEL IN LEGAL PROCEEDINGS, AND TO PROMOTE SOCIAL AND FRATERNAL ACTIVITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492318007291

TY 2010 Compensation Explanation

Name: NEWJ RIDGEWOOD PBA LOCAL 20 INC

EIN: 22-6045290

Person Name	Explanation
ROSARIO VACCARELLA	
PETER YOUNGBERG	
MARK BUTLER	
JOHN CHUCK	
DOUGLAS HENKY	
RAYMOND TARINO	
DARIN THOMAS	
JEFF CASSON	
MIKE LEMBO	
PAUL KNAPP	