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DLN: 93493280004161

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)

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

2010

OMB No 1545-0047

Open to Public Inspection

Internal	Revenue	e Service P The organization may have to use a copy of this return to satisf	y state reporting	requirements	Inspection
A Fo	r the	2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2	2011	D Employer	identification number
_		applicable C Name of organization NEW JERSEY STATE PBA LOCAL 105			identification number
Add	Iress ch	hange Doing Business As		22-2100	854
Nar	ne cha	ange		E Telephone	number
Inıt	ıal retu	Number and street (of F o box if mail is not delivered to street address)	Room/suite	(609) 39	6-8688
Ter	mınate	17 NORTH WILLOW STREET			
_ Am	ended	return City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 3,412,025
— App	lication	TRENTON, NJ 086081203 n pending			
		F Name and address of principal officer	H(a) is this a	group return for affi	liates? Yes No
		TRENT NORMAN-PRESIDENT		group recurring and	100 7 100
		17 NORTH WILLOW STREET TRENTON,NJ 08608	H(b) Are all	affılıates ıncluded	17 Yes No
					t (see instructions)
I Ta	x-exen	npt status	H(c) Grou	p exemption n	umber 🟲
J W	ebsit e	e: ► WWW NJPBA105 COM			
	-		1		Maria di ili ili
		ganization Corporation Trust Association Other ►	L Year of for	mation 1977	M State of legal domicile N.
Pa	rt I	Summary			
		Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR THE ORGANIZATION'S MISSION			
2		SEE SCHEDULE OF OR THE ORGANIZATION S MISSION			
ŧ					
≣					
Activities & Governance		Check this box 🔭 if the organization discontinued its operations or dispose		1	assets
ය නේ	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ý.	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	3
Ě	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
3	6	Total number of volunteers (estimate if necessary)		6	
4	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	(
	b	Net unrelated business taxable income from Form 990-T, line 34		7Ь	
			Prio	r Year	Current Year
a.	8	Contributions and grants (Part VIII, line 1h)			(
3	9	Program service revenue (Part VIII, line 2g)		1,808,642	1,771,997
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		187,922	234,938
Ξ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			(
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line	1,996,564	2,006,93!
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,550,504	2,000,55
	14	Benefits paid to or for members (Part IX, column (A), line 4)		476,359	464,498
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line		4,0,333	404,436
&	13	10)	.3 3	38,962	48,237
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			(
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,436,879	1,562,887
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25	5)	1,952,200	2,075,622
	19	Revenue less expenses Subtract line 18 from line 12		44,364	-68,687
8 g				of Current	End of Year
9.00 9.00 10.00			Y	ear	
A.S. B.a.	20	Total assets (Part X, line 16)		3,314,258	3,165,906
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		232,778	157,303
	22	Net assets or fund balances Subtract line 21 from line 20		3,081,480	3,008,603
	t II	Signature Block			
know		lties of perjury, I declare that I have examined this return, including accompanyin and belief, it is true, correct, and complete. Declaration of preparer (other than of			
		*****		11-08-18	
Sign		Signature of officer	Da	te	
Here	•	TRENT NORMAN PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name EDMOND BRADY Preparer's signature EDMOND BRADY	Date	Check if self- employed 🕨	PTIN
Paid	ŀ	Firm's name MCENERNEY BRADY & COMPANY LLC	2011-08-22	employed F	Europia ETAL
Prepa	arer	Firm's address 293 EISENHOWER PARKWAY SUITE 270			Firm's EIN
Use (Phone no • (973) 535- 2880
	- 1	LIVINGSTON, NJ 070391711			1 2000

	1990 (2010)				гау
Par	Check if Schedule O contain				
1	Briefly describe the organization's	mission			
SEE	SCHEDULE O FOR THE ORGANIZ	ATION'S MISSION			
2	Did the organization undertake any the prior Form 990 or 990-EZ?		ces during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conductservices?		_	lucts, any program	┌ Yes ┌ No
	If "Yes," describe these changes o	n Schedule O			
4	Describe the exempt purpose aching Section 501(c)(3) and 501(c)(4) of allocations to others, the total exp	organizations and section	4947(a)(1) trusts are	required to report the an	
	(Code) (Expense	es \$ 1,746,156 ır	ncluding grants of \$) (Revenue \$)
	TO FURTHER THE INTERESTS OF ITS ME MEMBERS AS NEEDED, TO PROVIDE REPR	MBERSHIP BY SEEKING IMPROV	ED TERMS AND CONDITIO		
4b	(Code) (Expense	es \$ in	cluding grants of \$) (Revenue \$)
4c	(Code) (Expense	es \$ in	cluding grants of \$) (Revenue \$)
4d	Other program services (Describ				
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses▶	\$ 1,746,156			

Part IV	Checklist of	Required	Schedules

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part V</i>	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
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, Parts I and IV	14b		Νο
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 ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
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, Parts III and IV \cdot	16		Νo
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? If "Yes," complete Schedule G, Part I (see instructions)	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		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
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		No
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		No
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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? If "Yes," complete Schedule R, Part I	33		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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," complete Schedule R, Part V, line 2 Yes Vo			
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 50			
h	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	1c	Yes	
2a	gaming (gambling) winnings to prize winners?	10	165	
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
D	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	7a		
b	services provided to the payor?	7b		
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	Contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities Section 501(c)(12) organizations Enter			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
_	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
•	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant 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	
ь	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "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 15a or 15b, 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		Νο
b	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	ection 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 V Upon request

- 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 organization FREASURER

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

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TRENT NORMAN PRESIDENT	40 00	х						6,000	0	0
(2) LANCE P LOPEZ SR EXE V-PRES	40 00	Х						4,000	0	0
(3) CLIFFORD RUMPH EXE V-PRES	40 00	х						4,000	0	0
(4) RONALD WILLIAMS EXE V-PRES	40 00	х						4,000	0	0
(5) BRIAN RENSHAW EXE V-PRES	40 00	Х						4,000	0	0
(6) EARL WILLIAMS EXE V-PRES	40 00	х						4,000	0	0
(7) LARS PETERSON TREASURER	16 00	х						1,000	0	0

\$100,000 in compensation from the organization ► 1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) (C) (D) (E) A verage hours that apply) (compensation per from the from related					(F) Estimated amount of ot compensati								
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	zation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from from from from from from from from	the on and ed	
												-			
1b	Sub-Total				•	•		-							
С	Total from continuation sheets	to Part VII, Sec	tion A		•		•								
d 	Total (add lines 1b and 1c). Total number of individuals (incl	udıng but not lın					• above) who	receive	27,000 ed more tha	n				
	\$100,000 in reportable compen	-						•							
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci								rhighes • • •	t compens:	ated employee • • •	3		Νο	
4	For any individual listed on line organization and related organiz	•													
5	Did any person listed on line 1a	receive or accru	· ·	• ensa	• ition	• fror	nany	• unrel	ated org	· · · janization d	r individual for	4		N o	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	ontra	tors	that red	eived more	e than				
	Nar	(A) me and business ad	dress							Descr	(B) iption of services		(C) Compensation		
ONE F	ALI FAGELLA NOWAK KLEINBAUM RIVERFRONT PLAZA RK, NJ 07102									LEGAL SVCS				375,211	
2	Total number of independent cont	ractors (includir	ng but n	ot lın	nited	l to	those	listed	d above)	who receiv	ed more than				

orm 990 Part VI	(2010)	tomant of Boyon					Pa	age 9
art VI.	iii Sta	tement of Reven	ue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue exclude from tax under
								512, 513, or 514
, gilts, grain nilar amount	b Memberc Fundrad Relate	ership dues ership dues sising events d organizations	. 1c					
and other sir	f All other similar a g Noncash	ment grants (contributions) r contributions, gifts, grants amounts not included above n contributions included in li Add lines 1a-1f	nes 1a-1f \$					
- Revenue	DUES IN	ICOME M SALES		Business Code	1,708,252 27,587	1,708,252 27,587		
in Servi	d SPECIAL	PROGRAM SERVICE REVEN EVENT INCOME er program service re			19,923 16,235	19,923		
3	g Total.	Add lines 2a-2f	▶		1,771,997 82,551			82,5
	, Income	Rents	empt bond proceeds	(II) Personal	02,331			OZ,
•		ncome) ntal income or (loss)	▶- (ı) Securities	(II) O ther				
	from sa assets of than inv b Less co other ba sales ex Gain or	les of other ventory ost or osis and openses	1,527,077 1,405,090 121,987	30,400				
,	d Netga Gross (notin	l			152,387	152,387		
	See Pa	art IV, line 18	a					
	b Less c Netine	direct expenses .	ctivities See Part IV, line 19 . a					
	b Less	s and allowances . cost of goods sold . come or (loss) from sa	a . b les of inventory ►					
1:	M is 1a b c	cellaneous Revenue		Business Code				
	e Total.	er revenue Add lines 11a-11d	·					
	∠ Totalı	revenue. See Instructi	ons		2,006,935	1,924,384	orm 990 (2	82,5

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must			(D)	
	Il other organizations must complete column (A) but are not required to c		(B)	(D).	(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 $\!$				
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	464,498	464,498		
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	43,736	30,615	13,121	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	·		,	
9	Other employee benefits				
10	Payroll taxes	4,501	3,826	675	
а	Fees for services (non-employees) Management				
ь	Legal	644,680	490,744	153,936	
С	Accounting	37,898	26,529	11,369	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	30,355		30,355	
g	Other	,		,	
12	Advertising and promotion				
13	Office expenses	37,185	27,069	10,116	
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy				
17	Travel	29,499	20,649	8,850	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	23,133	25,6.5	3,000	
19	Conferences, conventions, and meetings	83,542	66,834	16,708	
20	Interest	, :-	,	, 1	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,530	32,265	32,265	
23	Insurance	37,925	26,548	11,377	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,	,	,	
а	NJPBA PER CAPITA DUES	286,923	286,923		
b	TRUSTEE/REP ALLOWANCES	47,493	40,369	7,124	
c	TELEPHONE	43,231	30,262	12,969	
d	COMMUNITY RELATIONS	42,983	42,983		
e	LEGISLATIVE FEES	38,767	38,767		
f	All other expenses	137,876	117,275	20,601	
25	Total functional expenses. Add lines 1 through 24f	2,075,622	1,746,156		0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	_,,,,,,,,	_,,,230		<u> </u>
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 137.658 50,651 1 2 2 3 3 60,120 4 67,035 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 4.076 8 4.075 Prepaid expenses and deferred charges 144,521 29,465 10a Land, buildings, and equipment cost or other basis Complete 471.954 10a Part VI of Schedule D 175.784 ь Less accumulated depreciation 10b 239,368 10c 296,170 11 2.728.516 11 2.718.509 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 3,314,258 16 3,165,906 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 232.778 17 157,303 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 232,778 26 26 157,303 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 3.081.480 3,008,603 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 3,081,480 33 3,008,603 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 3.314.258 3,165,906

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0	006,93	
2	Total expenses (must equal Part IX, column (A), line 25)	2			075,62	
3	Revenue less expenses Subtract line 2 from line 1	3			-68,68	
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-4,19	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,0	008,60	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			୮	•	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
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 is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
3а	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		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

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DLN: 93493280004161

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

iiai i	F Attacii to Ft	offit 990. P See Separate Histructions.			Inspect	
	e of the organization JERSEY STATE PBA LOCAL 105		-	loyer identifica	ation numbe	er
ar	t I Organizations Maintaining Donor Ac			2100854 or Accounts	. Complet	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		(b) Funds and o	other accou	nte
	Total number at end of year	(a) Donor advised failes	'	(b) I alias alia (Jiller accou	11113
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi	core in writing that the access held in don	or advi	us a d		
	funds are the organization's property, subject to the		or auvi	seu	☐ Yes	√ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	√ No
	Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part I\	V, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of an Preservation of a c	ertifie	d historic struc	•	a
	easement on the last day of the tax year	I		Held at the	End of the	Vear
	Total number of conservation easements		2a	neid at the	. Liid Oi tiie	ICai
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	•	2c			
	Number of conservation easements included in (c) ac	` '	2d			
	Number of conservation easements modified, transfe the taxable year !* Number of states where property subject to conserva			ie organización	aamig	
	Does the organization have a written policy regarding			violations and	4	
	enforcement of the conservation easements it holds?		ining of	violations, and	☐ Yes	√ No
	Staff and volunteer hours devoted to monitoring, insp	-				
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durin	g the year 🟲 🕏		
	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	√ No
	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 easen	he footnote to the organization's financial:				
t	Organizations Maintaining Collectio Complete If the organization answered "		or Ot	her Similar	Assets.	
	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 research	h ın fu			€,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p 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					
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		r finan			
	Revenues included in Form 990, Part VIII, line 1	-		► \$		
	Assets included in Form 990, Part X					
	. 155665 iniciaaca iii i oiiii 550, I alt A			- Ψ		

3	Using the organization's accession and othe										continuea)
_	items (check all that apply)		-0	_							
а	Public exhibition		a	<u>'</u>			ange prog	rams			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the o	rganızatıor	n's ex	empt purpose	n	
5	During the year, did the organization solicit									-	√ No
Dar	assets to be sold to raise funds rather than to rt IV Escrow and Custodial Arrang									Yes	No No
Fell	Part IV, line 9, or reported an an						answere	u i	es to rolling	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	forc	ontribi	utions o	r other ass	ets		Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follov	ving t	able		г				
									An	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lır	ie 21?	•						☐ Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
_		(a)Current Year	(b)Prior	Year	(c)Two	Years Back	(d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							+			
b	Contributions							+			
C	Investment earnings or losses							+			
d	Grants or scholarships							_			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
c	Term endowment 🕨										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and a	dmınıstere	d for	the		
	organization by									Yes	
	(i) unrelated organizations		•					•	3a(-	N o
	(ii) related organizations							•	3a(No.
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the							•	31	<u>, </u>	No_
	t VI Investments—Land, Buildings					90 Pa	rt X line	10			
1 41		, and Equipme	, III C		a) Cost		(b)Cost or		(c) Accumulated	1	
	Description of investment					stment)	basis (oth		depreciation	(d)	Book value
	Land			\top			1.	2,906			12,906
b	Buildings							, 1,627	19,6	68	31,959
	Leasehold improvements							4,134	·		99,344
	Equipment							5,427		_	16,461
	Other			\vdash				7,860	<u> </u>		135,500
	II. Add lines 1a-1e (Column (d) should equal Fo), line	10(c).)			·	-	296,170
	, , , , , , , , , , , , , , , , , , , ,	, .,, .,,	, -,		1-75	· <u>-</u>			Schedule D	(Form	· · · · · · · · · · · · · · · · · · ·

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Pai	TXL Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,006,935
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,075,622
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-68,687
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,190
9	Total adjustments (net) Add lines 4 - 8	9	-4,190
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,877
Par	t XIII 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	2,002,745
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-4,190
3	Subtract line 2e from line 1	3	2,006,935
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		
b	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	2,006,935
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,075,622
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,075,622
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	2,075,622
Pa	t XIV Supplemental Information		

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

Ident if ier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	UNREALIZED LOSS ON INVESTMENTS -4,190
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	UNREALIZED LOSS ON INVESTMENTS -4,190

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OMB No 1545-0047

2010

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Name of the organization NEW JERSEY STATE PBA LOCAL 105 **Employer identification number**

22-2100854

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

Identifier	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

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS	FORM 990, PAGE 6,	THE MEMBERS VOTE ON APPROVING CHANGES IN THE ORGANIZATION'S BY LAWS
AND THEIR RIGHTS	PART VI, LINE 7A	AND APPROVING OTHER SIGNIFICANT DECISIONS ON THE GOVERNING BOARD

ldentifier	Return Reference	Explanation
	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

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	' '	THE BOARD REVIEWS THE FORM 990 WITH THE OUTSIDE AUDITOR APPROXIMATELY ONE WEEK BEFORE FILING WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation							
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							

ldentifier	Return Reference	Explanation
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

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

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493280004161

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** NEW JERSEY STATE PBA LOCAL 105 INDIRECT DEPRECIATION 22-2100854 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 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 6 (a) Description of property (c) Elected cost only) 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 2009 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 2011 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) 64.530 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 64,530 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 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, 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, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, CC														
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	<u>aution</u>	: See	<u>the i</u>	<u>instrบ</u>	ctic	ons for I	imits	for pa	sseng	er au	<u>ıtomol</u>	biles.)
24a Do you have evider	nce to support t	the business/inv	estment u	use claimed	d? ┌ Yes	⊢ No			24b	If "Yes,"	s the e	/ idence	written?	, 厂 _Y ,	ᇙ┌╻	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ (d) n investment Cost or use bas percentage		(e) Basis for depre			ation	(f) Recov perio	'	(g) Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost	
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ısed m	ore t	:han 25				+		
26 Property used more	e than 50%	ın a qualified l	business	use												
· · · · · · · · · · · · · · · · · · ·		%														
		%							\perp							
27 Property used 50%	 	%	IDAGG HG	•												
27 Floperty used 50%	O OI IESS III a	quanned bus	illess us	е				l	Is	/L -	Т			\neg		
		%							_	/L -						
		%							S	/L -				ᆚ		
28 Add amounts in co	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lir	ne 21,	page	1		28						
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1							29				
		Sed	ction B	—Infor	mation	on U	se c	of Ve	hic	eles						
Complete this section If you provided vehicles to														ca vahi	clos	
i you provided verticles to	your employee	es, mist answer ti	ne questio		a)	T	b)	III EXCE		(c)		d)		e)		(f)
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehicle 1			Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		V ehicle 6		
31 Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles (drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a		ersonal use		Yes	s No Y		Yes No		es	No	Yes	res No		No	lo Yes No	
during off-duty ho	urs?									1				†		+
35 Was the vehicle used primarily by a more than 5% owner or related person?																
36 Is another vehicle			e? .													1
Section Answer these question one of the section	ns to determ	•	et an exc												not mo	re thai
37 Do you maıntaın a	written polic	y statement	that prob	nibits all	personal	use of	vehi	cles,	ncl	udıng cor	nmutır	ng, by y	our	\ \ \ \	es	No
employees? .							•	•				•	•			
38 Do you maintain a employees? See t																
39 Do you treat all us	se of vehicles	by employee	es as pei	rsonal us	e? .											
40 Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatio	n fror	m you	rer	nployees	about	the us	e of th	e 🗀		
41 Do you meet the r				automobi	le demor	• nstratio	n us	e? (S	• ee 11	nstructio	ns)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for t	he c	overed v	ehicle	S				
Part VI Amo	rtization														•	
(a) Description of c	(b) (a) Date Description of costs amortization			(c) A mortizable amount			C	(d) Code ection (e) A mortizati period o			zation d or			(f) rtızatı hıs ye	atıon for	
		begins								perce	ntage					
42 A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	1s)					1				
											1					
43 A mortization of co	sts that beg	an before you	ır 2010 t	tax year		•	•				43					

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

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