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SCANNED FEB 2 6 2013

Form **990**

Return of Organization Exempt From Income Tax

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u>	For the	e 2011 cal	lendar year, or tax year beginning , and ending		
В	Check if	applicable	C Name of organization New Jersey State Policmen's Benevolent Association D Employe	r identification n	umber
	Address	change	Doing Business As 22-155397	2	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephon		
\sqcap	Initial reti	urn	860		
\sqcap	Terminat	ed	158 Main Street 732-636-88 City or town, state or country, and ZIP + 4		
=	Amended		Woodbridge NJ 07095 G Gross red	ceipts \$	12,290,308
\equiv		on pending			
ш,	пррисаци	on pending	11(4) 15 1110 2 310 24 101		Yes X No
_			Anthony Wieners 158 Main St, Woodbridge, NJ 07095 H(b) Are all affiliates in		Yes No
<u> </u>	ax-exem	npt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a l	list (see instruction	15)
<u>J \</u>	<u> Vebsite</u>	e: ► ww	w njspba com H(c) Group exemption	number 🟲	
KF	orm of o	rganization	X Corporation	M State of leg	gal domicile NJ
	art l	Su	mmary		<u>/ </u>
_	1		describe the organization's mission or most significant activities Promote, advance and	improve finar	cially
	-		erwise, the welfare, condition and other interests of police and law enforcement	.improve inal	Clariy
9			through out the state of New Jersey		
g.		01110010	and grid divide dialog of New delacy		
Activities & Governance	,	Chook t	his box If the organization discontinued its operations or disposed of more than 25% of its net asset		
ဖိ	3		r of voting members of the governing body (Part VI, line 1a)	1 1	22
ජේ ග	4			3	38
/ŧie			r of independent voting members of the governing body (Part VI, line 1b)	4	35
疲	5		umber of individuals employed in calendar year 2011 (Part V, line 2a)	5	14
⋖	6		umber of volunteers (estimate if necessary)	6	0
	7a		orelated business revenue from Part VII, column (C), line 12	7a	0
_	b	Net unit	elated business taxable income from form 990 ft. tine 34	7b	15,320
		Contribu	Prior Year		urrent Year
e	8		utions and grants (Part VIII, line 1h) 6	0	1050.000
Revenue	9	Program	n service revenue (Part VIII, line 29) FEB A C 4,37	1,365	4,253,932
å	10	investm		0,542	423,999
	11			2,538	4,044,709
	12			4,445	8,722,640
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14			7,273	3,224,926
8	15			0,751	962,494
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)	0	0
Ä	l b		ndraising expenses (Part IX, column (D), line 25) ▶ 0		
	17			1,438	4,145,902
	18			9,462	8,333,322
	19	Revenu		4,983	389,318
ts of	20 21 22	T-4-1	Beginning of Curren		End of Year
Sse Rata	20			8,123	24,168,713
e de la	21			1,444	10,972,716
				6,679	13,195,997
	art II		nature Block		
and	belief, it	is true, com	ry, I dectare that I have examined this return, including accompanying schedules and statements, and to the best of n legs, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any k	ny knowieage	
				-28-13	
Sig	-		Supporture of officer	<u> </u>	
He	re		Anthony Fulinges - STATT PRESIDENT	P	
			Type or print name and title		
_	-	I Prin	nt/Type preparer's name Preparer's signature Date	Tr	PTIN
Pa	id	[]		Check I if	1114
	 epare:	r <u>Edv</u>	ward Noble 1/25/2013	self-employed F	00998177
	e Only	1 –		20-1983682	
US	e Om	y —	n's address ► 127 US Highway 206 Suite 19C, Hamilton, NJ 08610 Phone no	(609) 585-75	
NA-	v the I				
ivia	y uie II	NO discus	ss this return with the preparer shown above? (see instructions)	[2	X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

Form 9	90 (2011)	New Jersey State Policmen's Benevolent Association	2 <u>2-15</u> 53972	Page 2
Pa	rt III	Statement of Program Service Accomplishments	- <u></u>	
		Check if Schedule O contains a response to any question in this Part III	•	
1	Briefly d	escribe the organization's mission		
•				
		, advance and improve financially and otherwise, the welfare, condition and other		
	interests	of police and law enforcement officers through out the state of New Jersey		
2		organization undertake any significant program services during the year which were not listed on		
	the prior	Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes "	describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program service	oe se mascurad	by
7		es Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep		
		nd allocations to others, the total expenses, and revenue, if any, for each program service reporte		•
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service reports	;u	
	<u> </u>			
4a	(Code) (Expenses \$ 8,333,322 including grants of \$ 0) (Revenue	e\$	0.)
	Promote	e, advance and improve financially and otherwise, the welfare, condition and other		
	interest	of police and law enforcement officers through out New Jersey		

	/C-d-) (Expenses \$ 0 including grants of \$ 0) (Revenue	- 0	
4b				
		••••••		
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	ie \$	0)
	•			
4d	Other p	rogram services (Describe in Schedule O)		
	(Expens		0)	
4e		rogram service expenses ► 8,333,322		

art	IV Checklist of Required Schedules	13912	P	age 3
a i t	Oncomict of Acquired Concusies		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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	×	
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? If "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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	·		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X_	
	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	x_	
	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		x
	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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f 12a		X
þ	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			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		L×
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		┼^
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		x
'' 18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	_	x
13	If "Yes," complete Schedule G, Part III	19	<u> </u>	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV	Ob Little 4 - 4 D - 1		/ (IX
	Checklist of Rec	quired Schedules (I CONTINUIDA I
L GIGIV	Olicomist of Itel	aunica ocnicaules i	COMMINGER

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	$\overline{}$	res	NO
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 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	х	
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? <i>If</i> "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Χ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		., ,46	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		_ X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>			v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30	-	X
٠.	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	-		_ X
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>"</u>		_^_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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	35b		X
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		Х
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		Х

New Jersey State Policmen's Benevolent Association

Statements Regarding Other IRS Filings and Tax Compliance Part V

	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 126			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors ar	id reportable			
	gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 14		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ictions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	ther authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er financial			
	account)?		4a		X
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 Finar	ncial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar?	5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	insaction?	5b		X
C	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 or	did the			İ
	organization solicit any contributions that were not tax deductible?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions or			l
_	gifts were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods	- - -		
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	1 4400	<u>/ b</u> _		
·	required to file Form 8282?	it was	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		 ^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		7e	-	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor				
	organization, have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	_	
b	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			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	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		12a	<u> </u>	<u> </u>
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10	 	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O		1	1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	406			
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b	1	ĺ	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	13c	44-	 	 ↓
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	adula O	14a 14b	 	<u> </u>
	11 100, has a new an explanation in Sch	GUUIG O	(i+D	1	·

Form 990 (2011) New Jersey State Policmen's Benevolent Association 22-1553972 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 38 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 35 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 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? Х 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Χ 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b Х 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

the corporation 732-636-8860 158 Main St, Woodbridge, NJ 07095

Form 9,90 (2011)	New Jersey State Policmen's Bene	evolent Associa	tion							22-15539	72 Page 7
Part VII	Compensation of Officers, Direct			ey i	Em	plo	yees	, H	lighest Comp		12 1 age ?
	Employees, and Independent Co		•	•		•		•			
	Check if Schedule O contains a re	sponse to any	que	stic	n Ir	า th	ıs Pa	ırt \	/II .	<u> </u>	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	d Hig	hes	t Co	omp	ensa	itec	l Employees		
1a Complete organization's	this table for all persons required to be tax year	listed Report c	ompe	ensa	tior	for	the o	ale	ndar year endın	g with or within t	the
List all	of the organization's current officers, o	lirectors, trustee	es (wi	neth	er II	ndıv	/idual	s or	organizations),	regardless of ar	mount
List allList thewho received	non Enter -0- in columns (D), (E), and (of the organization's current key emploorganization's five current highest columnization (Box 5 of Foundary related organizations	oyees, if any Sompensated emp	ee ins	struc es (c	ction othe	ns fo er th	or def an ar	off	icer, director, tru	istee, or key em	
\$100,000 of r	of the organization's former officers, keeportable compensation from the organ	nization and any	rela	ted	orga	anız	ation	S			
	of the organization's former directors more than \$10,000 of reportable comp										of the
List persons i	n the following order individual trustee employees, and former such persons		-					-	_		
Check th	is box if neither the organization nor an	y related organ	ızatıo	n co	mp	ens	ated	any	current officer,	director, or trust	ee
	(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	_	Officer			Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Anthon	t F Wieners										
Pres		40 00	X	<u> </u>	X.	Х			75,000	0	0
(2) Keith D		40 00	x		x	х			55,000	0	0
(3) Mark B 1st VP	utler	12 00	x		Х				3,516	0	. 0
(4) John H 2nd VP	ulse	40 00	V V		х				21,450	0	0
(5) Peter A	undreyev										
3rd VP (6) Jerry T	alamaa	12 00	<u>X</u>		X	-			2,150	0	0
4th VP		12 00	x		x				1,805	0	0
(7) Walter 5th VP		12 00	х		x				1,666	0	0
(8) Michae 6th VP		12 00	Х		X				1,750	0	0
(9) not use 7th VP	ed	12 00	X		x				0	o	0
(10) not use 8th VP	ed	12 00	x		x				0	0	
(11) not use	ed	12 00			х				0	0	
(12) Henry 10th VP	Werner	12 00			x				1,480		
(13) Pat Co	lligan	12 00			х				2,400		

12 00 X

(14) Kenneth Burkett 12th VP

2,050

0

0

F 3	Section A. Omcers, Directors, Tr	ustees, Ney Er	npio	yee	s, a	na	nign	esi	Compensated	employees (co	nunue	:a)	
						C) sition							
	(A)	(B)	(dor	not ch			(E)		(F)				
	Name and title	Average	box,	unles	s pe	erson	ıs boti	n an	(D) Reportable	Reportable		timated	
		hours per week				lirect	or/trus	tee)	compensation from	compensation from related		nount o	f
		(describe	Individual trustee or director	nstit	Officer	ê	dig.	Former	the	organizations	com	pensati	
		hours for related	rect id	i to	ğ	<u>e</u>	est o	Jer	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anızatıc	
		organizations	9 =	na		§	ë		(**-2/1033-141100)			d relate	
		in Schedule	ste	5		8	pen				orga	anızatıo	กร
		O)		ee		1	Highest compensated employee						
					L		ä						
	Thomas Burke												
	ncial Secretary	12 00	X		X	<u> </u>			2,960	0			
	George Miller												
	rding Secretary	12 00	X	<u> </u>	Х	L_			3,440	0		_	0
(17)	John Monsees					l							
Trea		12 00	X	$oxed{igspace}$	Х	<u> </u>			3,200	0			0
<u>(18)</u>	Michael Minni					l				·			
Trust		12 00	X	L	L.	╙	<u> </u>		1,600	0			С
<u>(19)</u>	Michael Pelligrino												
Trust		12 00	X			_	L.		1,650	0			С
(20)	Domenic Capella												
Trust		12 00	X	$oxed{oxed}$		╙	<u> </u>		1,820	0			С
(21)	Mark Aurigemma												
Trust		12 00	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_				1,720	0			С
(22)	Jeffery Sims				İ			l					
Trust		12 00	X	igspace				L	1,735	0			0
(23)	Michael Kaniuk			1									
Trust		12 00	X	<u> </u>		_	ļ	L	2,130	0			
(24)	Manuel Corte												
Trust		12 00	X	_			<u> </u>	_	1,710	0	_		
(25)	Marc Kovar												
<u>Serg</u>	eants at Arms	12 00	<u> </u>		<u> </u>			L	2,886				C
1b	Sub-total							•	193,118		_		
С	Total from continuation sheets to Part VII,	Section A							200,748	†			C
d_	Total (add lines 1b and 1c)							•	393,866				
2	Total number of individuals (including but not !		listed	ab	ove) wł	no rec	eiv	ed more than \$1	100,000 of			
	reportable compensation from the organization	<u>n</u> ▶			1								
_												Yes	No
3	Did the organization list any former officer, di					yee	e, or h	iigh	est compensate	e d		ļ	
	employee on line 1a? If "Yes," complete Sche	dule J for such	ındıvı	dua	1						3		X
4	For any individual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	an	d othe	er c	ompensation fro	om			
	the organization and related organizations gre	ater than \$150,	000?	If "	Yes	s, " c	ompl	ete	Schedule J for s	such			
	ındıvıdual						•				4	х	
5	Did any person listed on line 1a receive or acc	crue compensat	on fr	om	anv	un	relate	d o	rganization or in	ndıvıdual			
	for services rendered to the organization? If "				•				•		5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address		(B) Description of services	(C) Compensation
Mets Schiro McGovern	555 US Rt 1 South, Iselin, NJ 08830	Legal services to LPP memb	177,860
Sciarra & Catrambone	1130 Clifton Ave, Clifton, NJ 07013	Legal services to LPP memb	166,600
Alterman & Associates	800 Kings Highway Suite 301, Cherry Hill, N.	Legal services to LPP memb	197,685
Galantucci & Patuto	55 State St, Hackensack, NJ 07601	Legal services to LPP memb	156,383
Zazzalı, Fagella, Kleınbaum	1 River Front Plaza, Newark, NJ 07102	Legal services	373,596
Total number of independent co more than \$100,000 of compens	ntractors (including but not limited to those listed a sation from the organization	above) who received	- · · · · · · · · · · · · · · · · · · ·

8,722,640

8,282,321

Total revenue. See instructions

372,154

Part IX New Jersey State Policmen's Benevolent Association New Jersey State Policmen's Benevolent Association Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A) but are
not required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
_	organizations in the United States See Part IV, line 21	0						
2	Grants and other assistance to individuals in the							
_	United States See Part IV, line 22	0						
3	Grants and other assistance to governments,		İ					
	organizations, and individuals outside the							
	United States See Part IV, lines 15 and 16 Benefits paid to or for members	2 224 026	2 224 026					
4 5	Compensation of current officers, directors,	3,224,926	3,224,926					
5	trustees, and key employees	177,867	177,867					
6	Compensation not included above, to disqualified	177,007	177,007					
0	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	ol						
7	Other salaries and wages	611,824	611,824					
8	Pension plan accruals and contributions (include	- 011,021	011,021					
•	section 401(k) and 403(b) employer contributions)	7,576	7,576					
9	Other employee benefits	100,198	100,198					
10	Payroll taxes	65,029	65,029					
11	Fees for services (non-employees)		, , , , ,					
а	Management	o	1	1				
b	Legal	187,073	187,073					
С	Accounting	28,650	28,650					
d	Lobbying	1,160	1,160					
е	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	44,976	44,976					
g	Other	274,457	274,457		···			
12	Advertising and promotion	9,449	9,449		<u> </u>			
13	Office expenses	34,472	34,472					
14	Information technology	0	. <u> </u>					
15	Royalties	0						
16	Occupancy	169,411	169,411					
17	Travel	92,205	92,205					
18	Payments of travel or entertainment expenses							
19	for any federal, state, or local public officials Conferences, conventions, and meetings	1,810,995	1,810,995					
20	Interest	1,610,995						
21	Payments to affiliates	- 0						
22	Depreciation, depletion, and amortization	204,131	204,131	0				
23	Insurance	32,327	32,327					
24	Other expenses Itemize expenses not covered	02,027	02,027	1.1				
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O)							
а	Contributions and Donations	116,440	116,440					
b	Committee Operations, net of officers	50,817	50,817					
С	Direct Political Contributions	66,867	66,867					
d	Miscellaneous	64,909	64,909					
е	All other expenses	957,563	957,563					
25	Total functional expenses. Add lines 1 through 24e	8,333,322	8,333,322	0	0			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here If							
	following SOP 98-2 (ASC 958-720)				Form 990 (2011)			

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 3,179,736 2 2 Savings and temporary cash investments 3,543,095 3 Pledges and grants receivable, net 3 0 4 Accounts receivable, net 58,665 4 116,073 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 6 Notes and loans receivable, net 7 0 Inventories for sale or use 28,677 8 7,500 Prepaid expenses and deferred charges 119,546 9 105,029 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 5,435,091 b Less accumulated depreciation 10b <u>4,141,</u>241 1,416,259 10c 4,018,832 Investments—publicly traded securities 11 2.995.745 11 2.233.853 12 Investments—other securities See Part IV, line 11 12,332,633 12 14,027,019 13 Investments—program-related See Part IV, line 11 13 0 14 Intangible assets 14 0 15 Other assets See Part IV, line 11 81,880 15 117,312 16 Total assets. Add lines 1 through 15 (must equal line 34) 22,938,123 16 24,168,713 17 Accounts payable and accrued expenses 8,009,444 17 8,942,206 18 Grants payable 18 19 Deferred revenue 2,122,000 19 2.030.510 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 Unsecured notes and loans payable to unrelated third parties 0 0 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 10,131,444 26 10,972,716 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 12,806,679 27 13,195,997 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 12,806,679 33 13,195,997 Total liabilities and net assets/fund balances 22.938.123 34 24,168,713

Form 9	990 (2011) New Jersey State Policmen's Benevolent Association	2	2-1553972	Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	Tatal assessed (asset as all Dad VIIII and a side)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,640
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,322
3	Revenue less expenses Subtract line 2 from line 1	3			<u>318, 318</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	2,806	<u>3,679</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	1			
	column (B))	6	1;	3,195	5,997
Part					_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	ì			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
2-					
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization

Employer identification number

New Jersey State Policmen's Benevolent Association

22-1553972

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Emp	loyees							1		
(A) Name and title	(B) Average	Posit	tion (that a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from from related organizations (W-2/1099-MISC)	
(26) John Serviss									_	_
Sergeants at Arms	12	X	⊢	\vdash	⊢	├	┢	0	0	0
(27) Edward Weimmer			1			1				_
Sergeants at Arms	12	X	-			<u> </u>	┝	2,682	0	0
(28) Mark Messinger			1						_	_
Sergeants at Arms	12	X	┢	1		├	₩	1,685	0	0
(29) Eugene Dello Sergeants at Arms	12	x						900	0	0
(30) not used			Π							
Sergeants at Arms	12	Х						o	0	0
(31) Sean McHugh										
Sergeants at Arms	12	X						1,160	0	0
(32) Wayne K Hall										
Sergeants at Arms	12	X						1,930	0	. 0
(33) James Crilly										
Sergeants at Arms	12	X						860	0	0
(34) Keith Bennett										
Sergeants at Arms	12	X	<u> </u>				<u> </u>	1,770	0	0
(35) Duane Sarmiento										
Sergeants at Arms	12	X		L.			<u> </u>	0	0	0
(36) Thomas Kınkaıd										
Sergeants at Arms	12	X	$oxed{oxed}$		<u> </u>	<u> </u>		775	0	0
(37) David Guth		1					İ			
Sergeants at Arms	12	X	<u> </u>	ļ	L		<u> </u>	650	0	0
(38) Richard Kott										
Sergeants at Arms	12	X	┡	_	<u> </u>	<u> </u>		0	0	0
(39) Richard Brown		١.,								
Sergeants at Arms	12	X	├			1	-	840	0	0
(40) Kevin Lyons										_
Sergeants at Arms	12	X	-	├-		-	\vdash	32,115	0	0
(41) Bruce Chester Sergeants at Arms	12	x						0	0	0
(42) Joseph Biamonte		Ī	1	Γ				<u>_</u>		
Parlimentarian	12	x						2,010	l o	0
(43) Robert Nixon Dir Govt Relations	40	×								
(44)	40	 ^	\dagger				┢	153,371	0	0
(45)										
(46)					-					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

New	Jersey State Policmen's	Benevolent Association			22-1553972
Pa	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 527 o	
1	Provide a description of t	the organization's direct and indirect	political campaigr	activities in Part IV	
2	Political expenditures			▶ \$	66,867
3	Volunteer hours				
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizati	ion under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	managers under s	ection 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this yea	ır?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Pa		he organization is exempt und			c)(3)
1	-	expended by the filing organization	for section 527 ex	xempt function	
_	activities			▶ \$	66,867
2		filing organization's funds contributed	d to other organiza	ations	
_	for section 527 exempt for			▶ \$	
3	lotal exempt function ex	penditures Add lines 1 and 2 Enter	nere and on Forn	n 1120-POL,	00.007
4		n file Form 1120-POL for this year?		▶ \$	66,867
5		ses and employer identification num		etion 527 political arganiza	
3	organization made paym	ents. For each organization listed, e	nter the amount o	aid from the filing organiza	tions to which the hilling
		ontributions received that were promp			
	as a separate segregate	d fund or a political action committee	(PAC) If addition	nal space is needed, provid	le information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	.,	, ,	,-	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
	Election Fund Linda	Box 146			
	Stender	Scotch Plains NJ 07076		2,600	0
(2)	EFO Louis Greenwald	2240-15 Route 70		500	
<u></u>	IJ Democratic State	Cherry Hill NJ 08002 196 W State Street		500	0
731	Comm	Trenton NJ 08608		11,000	0
F	Election Fund Joe Cryan	722 Greenwood Ave	_	11,000	
(4)	<u> </u>	Union NJ 07083		2,600	0
/E\	ohn Sierchis for	PO Box 2			
<u>```</u>	Assembly	Denville NJ 07834		2,600	0
	See Part IV - Supplemental Information				

Page	2

	under section 501(h)).			
A	Check ▶ if the filing organization below	ongs to an affiliated group (and list in Part IV	each affiliated group	member's
	name, address, EIN, expen	ises, and share of excess lobbying expenditui	es)	
В	Check ▶ if the filing organization che	ecked box A and "limited control" provisions a	oply.	
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a an	d 1b)	0	
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add line	es 1c and 1d)	0	
f	Lobbying nontaxable amount. Enter the amount			
	columns		Lo	
- 1	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
لــــ	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	,	0	
h	Subtract line 1g from line 1a If zero or less,		0	
i	Subtract line 1f from line 1c If zero or less, e			
j	If there is an amount other than zero on eith section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4	1720 reporting	Yes No

columns below. See the instructions for lines 2a through 2f on page 4.)

_	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbying nontaxable amount		0	0	0	0		
b	Lobbying ceiling amount (150% of line 2a, column(e))					C		
С	Total lobbying expenditures		0	0	0	0		
d	Grassroots nontaxable amount		0	0	0	0		
e	Grassroots ceiling amount (150% of line 2d, column (e))					0		
f	Grassroots lobbying expenditures		0	0	0	0		

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011			Pa	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed	Forn	n 5768	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	$n \vdash \emptyset$	a)	(b)	
of the lobbying activity.	Yes	No	Amount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 				
c Media advertisements?				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
j Total Add lines 1c through 1i				0
 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or se	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 	01(c)(5)			is
Dues, assessments and similar amounts from members		1	<u> </u>	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 		2a		
b Carryover from last year		2b		
c Total		2c		0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		0
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Also, complete this part for any additional information Part I-C, Line 5 McLaughlin for Surrogate Paid from organization's funds \$2,600 Political contributions received and delivered \$0,	••••			
Part I-C, Line 5 Election Fund Raymond Lesniak 985 Stuvyestant Ave Union NJ 07083 Paid from				
organization's funds \$1,267 Political contributions received and delivered \$0,				
Part I-C, Line 5 Election Fund of Annette Quijano 311 W Henry St Linden NJ 07036 Paid from				 .

organization's funds \$2,600 Political contributions received and delivered \$0,

Part I-C, Line 5 FMBA PAC 1447 Campbell St Rahway NJ 07065 Paid from organization's funds \$4,000

Part IV Supplemental Information (continued) Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund Ralph Caputo 23 Yantacaw Place Nutley NJ 07110 15-6308399 Paid from organization's funds \$1,000 Political contributions received and delivered \$0, Part I-C, Line 5 District 36 Democratic Club 9 Lincoln Ave Rutherford NJ 07070 Paid from organization's funds \$2,500 Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund Dave DeWeese 3200 Pacific Ave Wildwood NJ 08230 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund Barbara Buono 75 Woodbridge Ave Metuchen NJ 08840 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund John Wisniewski 17 Main Street Sayreville NJ 08872 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 STFA PAC Golf Outing 2634 Highway 70 Manasquan NJ 08736 Paid from organization's funds \$1,900 Political contributions received and delivered \$0, Part I-C, Line 5 McCormac for Mayor 1 Main Street Woodbridge NJ 07095 Paid from organization's funds \$500 Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund Nelson-Albano 21 N Main St Cape May Court Hosue NJ 08210 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Greenstein for Senate 1970 Rt 33 Hamilton NJ 08690 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 DeAngelo for Assembly 1970 Rt 33 Hamilton NJ 08690 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Election Fund Senator Paul Sarlo 9 Lincoln Ave Rutherford NJ 07070 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Committee to Elect Patrick Diegnan PO Box 736 South Plainfield NJ 07080 Paid from organization's funds \$2,600 Political contributions received and delivered \$0, Part I-C, Line 5 Joe Camarafo for Assembly C-OA Canapisano 53 Eleanor Drive Kendall Park NJ 08824 Paid from organization's funds \$2,600 Political contributions received and delivered \$0 Part I-C, Line 5 Election Fund Garden, Wagner, Eurtace 205 Robin Rd St 330 Paramus NJ 07652 Paid

New Jersey State Policmen's Benevolent Association Schedule C (Form 990 or 990-EZ) 2011	22-1553972
Part IV Supplemental Information (continued)	Page 4
from organization's funds \$7,800 Political contributions received and delivered \$0,	
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New	Jersey State Policmen's Benevolent Association orm 990 or 990-EZ) 2011	22-1553972
Part IV	Supplemental Information (continued)	
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Nev	w Jersey State Policmen's Benevolent Association	22-1553972
	(Form 990 or 990-EZ) 2011	
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**11**

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

New.	Jersey State Policmen's Benevolent Associat	ion			22-1553972
Part		or Advised Funds or Other	Similar Fund	ds or Acco	
	the organization answered "Yes" t				
		(a) Donor advised funds		(b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and d	onor advisors in writing that the	assets held in	donor advis	ed
	funds are the organization's property, subject				Yes No
6	Did the organization inform all grantees, dor		•		
	used only for charitable purposes and not for		or advisor, or	for any other	
	purpose conferring impermissible private be	nefit?			Yes No
Part	Conservation Easements. Comp	lete if the organization answ	ered "Yes" to	Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check all the	nat apply)		
	Preservation of land for public use (e.g., recr	·		an historica	lly important land area
	Protection of natural habitat				istoric structure
		L '	reservation of	a certified if	istorio structure
2	Preservation of open space Complete lines 2a through 2d if the organization	strop hold a gualified consequent		a the form	of a conseniation
2	easement on the last day of the tax year	mon neid a quaimed conservation	on contribution	in the form	or a conservation
	easement on the last day of the tax year				laid at the Fad at the Tay Vees
а	Total number of conservation easements			2a	leld at the End of the Tax Year
b	Total acreage restricted by conservation eas	sements		2b	
C	Number of conservation easements on a ce		l ın (a)	2c	 ·
d	Number of conservation easements include				
	historic structure listed in the National Regis			2d	
3	Number of conservation easements modifie	d, transferred, released, extingu	iished, or term	inated by the	e organization
	during the tax year				
4	Number of states where property subject to				
5	Does the organization have a written policy		g, inspection,	handling of	
_	violations, and enforcement of the conserva				Yes No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing o	conservation e	asements di	uring the year
-					4 b
7	Amount of expenses incurred in monitoring, • \$	inspecting, and enforcing conse	ervation easen	nents during	the year
8	Does each conservation easement reported	on line 2(d) above satisfy the re	equirements of	feetion	
•	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	on the 2(d) above satisfy the h	cquirements of	1 3000011	☐ Yes ☐ No
9	In Part XIV, describe how the organization r	eports conservation easements	in its revenue	and expens	
	balance sheet, and include, if applicable, the				
	the organization's accounting for conservati				
Pari	III Organizations Maintaining Collecti	ons of Art, Historical Treasure	es, or Other S	imilar Asse	ts.
	Complete if the organization answere	<u>d "Yes" to Form 990, Part IV, Iir</u>	ne 8		
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to	report in its re	venue state	ment and balance sheet
	works of art, historical treasures, or other sil				
	of public service, provide, in Part XIV, the te	xt of the footnote to its financial	statements th	at describes	these items
b	If the organization elected, as permitted und				
	works of art, historical treasures, or other si				
	of public service, provide the following amou	unts relating to these items			
	(i) Revenues included in Form 990, Part VI	I, line 1		•	\$
_	(ii) Assets included in Form 990, Part X			•	· \$
2	If the organization received or held works of				al gain, provide the
	following amounts required to be reported u		ting to these ite	ems	_
a	Revenues included in Form 990, Part VIII, li	ne 1			\$
b	Assets included in Form 990, Part X			b	• %

	New Jersey State Policmen	's Benevolent Associat	ion	22-1	553972			
	ule D (Form 990) 2011							Page 2
Part							ıed)	
3	Using the organization's acquisition, access use of its collection items (check all that app		check any of th	e following tha	it are a significai	nt		
а	Public exhibition	d 🗌	Loan or exch	nange program	ıs			
b	Scholarly research	е 🗀	Other					
c	Preservation for future generations	_						
4	Provide a description of the organization's	collections and evoluin	how thou further	the organizat	on's evemnt nu	noco in		
•	Part XIV	onections and explain	now they lutther	the organizat	orrs exempt pur	pose III		
5	During the year, did the organization solicit	or receive donations of	fart, historical tr	easures, or oth	ner sımılar	_		
	assets to be sold to raise funds rather than	to be maintained as pa	irt of the organiz	ation's collecti	on?	Ye	•s 🔲	No
Par			-	answered "	Yes" to Form 9	90, Pa	rt	
	IV, line 9, or reported an amount of							
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for contribution	ons or other as	ssets not	r		1
	included on Form 990, Part X?					Ye	,s	No
þ	If "Yes," explain the arrangement in Part XI	V and complete the foll	owing table					
				1	 	mount		
C	Beginning balance			1c	 			0
d	Additions during the year			1d	 		-,	
e	Distributions during the year Ending balance			1e 1f	+			0
_ '	-	5 000 D 1V 1	0.40		_L	$\overline{\Box}$		
2a b	Did the organization include an amount on If "Yes," explain the arrangement in Part XI		217			Y6	es [X]	No
Part			wered "Yes" to	Form 990 I	Part IV line 10			
				_	(d) Three years back	$\overline{}$	our years	back
1a	Beginning of year balance	0	0	0	<u>, , , , , , , , , , , , , , , , , , , </u>	+ ` `		
b	Contributions					1		
С	Net investment earnings, gains,					\top		
	and losses					l		
d	Grants or scholarships			_		T		
е	Other expenditures for facilities					T		
	and programs							
f	Administrative expenses							
g	End of year balance	0	ol	0		<u>ol</u>		
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, columi	n (a)) held as				
а	Board designated or quasi-endowment	▶						
b	Permanent endowment	<u>%</u>						
С	Temporarily restricted endowment	<u>%</u>						
2-	The percentages in lines 2a, 2b, and 2c sho	· ·	46-4 6-4	1 1 1 1				
3a	Are there endowment funds not in the poss organization by	ession of the organizar	ion that are neit	i and administ	erea for the	ı	Yes	No
	(i) unrelated organizations					3a(i)	162	NO
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as required of	n Schedule R2			3b		├──
4	Describe in Part XIV the intended uses of the					0.0		
Part								
كالتحم	Description of property	(a) Cost or other basis	(b) Cost or oth	ner (c)	Accumulated	(4) B	ook valu	
	Description of property	(investment)	basis (other	1	epreciation	(u) D	JUN VAIL	•
1a	Land	33,300		0			3	33,300
b	Buildings	0		8,059	630,478			57,581
С	Leasehold improvements	0		0	0			0
d	Equipment		Q1	3 732	785 781		10	7 951

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

e Other

0

0

▶

Part VII Investments—Other Securiti	es. See Form 990. Part X	line 12	
(a) Description of security or category	(b) Book value	(c) Method of va	aluation
(including name of security)	(4, 233	Cost or end-of-year	market value
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other Certificates of Deposit	14,027,019		
(A) Mkt Sec requires reclass		F	
(B)	0		
(C)	0		
(D)	0		
(E)	0		
(G)	0		
(H)	0		
<u>(l)</u>	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	14,027,019		
Part VIII Investments—Program Rela	ted. See Form 990, Part X	(, line 13	
(a) Description of investment type	(b) Book value	(c) Method of vo Cost or end-of-year	
(1)	0		
(2)	0		
(3)			
(4)	<u> </u>		
(5)	0		
(6)			
(7)			
<u>(8)</u> (9)	<u> </u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		 	
Part IX Other Assets. See Form 990,	Part X, line 15		
	(a) Description		(b) Book value
(1)			0
(2)			0
(3)			0
			0
(5)			0
(6)	<u></u>		0
(7)			0
(8)			0
(9) (10)			0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15.)	•	0
Part X Other Liabilities. See Form 9			<u>. </u>
1. (a) Description of liability	(b) Book value	T	
(1) Federal income taxes		,	
(2)		₹	
(3)			
(4)		ōĪ.	
(5)		5	
(6)			
(7)	(
(8)			
(9)	(
(10)		<u> </u>	
(11)		4	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)) <u> </u>	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sched	ule D (FOIM 990) 2011					Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial S	tate	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		8,722,640
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		8,333,322
3	Excess or (deficit) for the year Subtract line 2 from line 1			_ 3		389,318
4	Net unrealized gains (losses) on investments			4		0
5	Donated services and use of facilities			_ 5		···
6	Investment expenses			6		
7	Prior period adjustments			_ 7		
8	Other (Describe in Part XIV)			_ 8		
9	Total adjustments (net) Add lines 4 through 8			9		-1
10	Excess or (deficit) for the year per audited financial statements. Combine lines			10		389,317
Par		nts W	ith Revenue p	er R	<u>eturn</u>	
1	Total revenue, gains, and other support per audited financial statements			-	1	8,577,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1			
а	Net unrealized gains on investments	2a		-4:	•	
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c	<u> </u>			
d	Other (Describe in Part XIV)	2d	33,9	80		
е	Add lines 2a through 2d			\vdash	2e	33,980
3	Subtract line 2e from line 1		1		3	<u>8,5</u> 43,342
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			l.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		 *		
b	Other (Describe in Part XIV)	4b	179,2			
C	Add lines 4a and 4b			\vdash	4c	179,298
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	8,722,640
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	per		
1	Total expenses and losses per audited financial statements			,,,,	1	8,188,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 .	F		-	
а	Donated services and use of facilities	_2a			•	
þ	Prior year adjustments	2b				
C	Other losses	2c		<u>_</u>	i	
d	Other (Describe in Part XIV)	2d	33,9	980I*		22.22
e	Add lines 2a through 2d			⊢	2e	33,980
3	Subtract line 2e from line 1	ı	1	-	3	8,154,025
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	۱			`	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	470.6	207	١٧	
b	Other (Describe in Part XIV)	4b	179,2	29/	4.	470.003
C F	Add lines 4a and 4b	2 1		\vdash	4c	179,297
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	8,333,322
	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	art III,	lines 1a and 4, I	Part I	V, lines 1	b
and.	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pa	rt XIII,	lines 2d and 4b	Also	complete	e
this	part to provide any additional information					
D = =4	VIII.aa 0 Dawadaa					
Рап	XI Line 8 Rounding					
Part	XII Line 2d Cost of UBIT Sales					
Part	XII Line 4b Management fees 44,976 and unrealized losses 134,323					
Part	XIII Line 2d Cost of UBIT Sales					
Part	XIII Line 4b Management fees 44,976 and unrealized losses 134,323 less 1 rou	inding				

	New Jersey State Policmen's Benevolent Association	22-1553972	
Schedule D (Form	990) 2011		Page 5
Part XIV	Supplemental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number New Jersey State Policmen's Benevolent Association 22-1553972 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а е Internet and email solicitations f Solicitation of government grants b C Phone solicitations Special fundraising events g d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col (ı) Yes No 1 O 0 0 0 0 0 0 0 0 0 0 0 0 6 0 0 0 O 0 8 0 9 0 0 0 10 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

b If "Yes," explain

Schedu	ule G (Form 990 or 990-EZ) 2011 New Jersey State Policmen's Benevolent Association	22-1553972 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity operated in	
а	The organization's facility	13a %
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$0 and the	
	amount of gaming revenue retained by the third party ▶ \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$0	
	Description of services provided •	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	— . —.
_	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	Yes No
ь	or spent in the organization's own exempt activities during the tax year \$	0
Par		art I, line 2b, columns

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
 Part IV. line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

22-1553972 New Jersey State Policmen's Benevolent Association Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 1a 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? а 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

New Jersey State Policmen's Benevolent Association

Schedule J (Form 990) 2011

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A. line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII	h listed	Individual must equal	the total amount of Fo		Section A, line 1a, applicable column (D) and		(E) amounts for that in	Individual
		(b) Breakdown of	W-Z and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)–(D)	reported as deferred in prior Form 990
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New Jersey State Policmen's Benevolent Association Schedule J (Form 990) 2011

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
Also complete this part for any additional information.
Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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-E7

Attach to Form 990 or 990-EZ. Inspection

Employer identification number

New Jersey State Policmen's Benevolent Association	22-1553972
Form 990 Part VI Section B Line 11b Controller reviews 990 in detail and reconciles to audited	
financial statements. Controller after final review with CPA reports to officers - who have	
been delegated authority to accept on behalf of board. Board then recieves acknowledgment	of .
filing	
Form 990 Part VI Section B Line 12c Controller consistent with policy reviews for completion	
of conflict of interest by all employees and board members consistent with the policy and	
reports to the board rre same	
Form 990 Part VI Section B Line 15a and b Controller reviews compensation levels in accord	
with board authorized compensation as follows President and Exec Vice President is consiste	ent
with by laws. Trustees receive compensation based upon per diem rates established by board	for
attendance at board meetings	
Form 990 Part VI Section B Line 19 Controller mantains copies of all required documentation	(
articles, bylaws, policies conflict of interest, whistle blower, record retention, form 990,	
audited financial statements) and will make available upon request from a third party	
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Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2
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NJSPBA 12/31/2011

B	5-1-		 -	
Description	Date	Cost	 	
Bldg 158 Main Street	8/1/1976	16,800	·	
Land 380 Elmwood	6/16/1994	16,500	 	
		33,300	 	

Land F-40

(Including Information on Listed Property)

Depreciation and Amortization

OMB No 1545-0172 22(0)

Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions. Attach to your tax return. Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number New Jersey State Policmen's Benevolent Asso 990 22-1553972 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 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 0 10 Carryover of disallowed deduction from line 13 of your 2010 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 <u>12</u> 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶ 13 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 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 28.854 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 114,439 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 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 <u>yrs</u> S/L h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MM S/L i Nonresidential real MM 39 yrs S/L MM S/L property Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year ММ S/L 40 yrs Summary (See instructions) 21 Listed property Enter amount from line 28 21

of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

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

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

143,293

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