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A For the 2011 calendar year, or tax year beginning 01-01-2011

As Filed Data -

DLN: 93492297000002

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 12-31-2011

Open to Public Inspection

Check if ap			C Name of organization JERSEY CITY POLICE SUPERIOR		D Employer	identification number		
	Address change Name change		OFFICERS ASSOCIATION INC		22-225607	1		
	ame cn utial ret		Number and street (or P O box, if mail is not delivered to street address) Room/P O BOX 17374	suite	E Telephone	number		
	Terminated				(973) 214-5542			
Amended return City or town, state or country, and ZIP + 4 JERSEY CITY, NJ 07307					F Group Exen	nption		
A	plicatio	on pending			Number	•		
I₩€	ebsite	:► <u>N/A</u>	Cash Accrual Other (specify) ►	require	► ✓ If the ed to attach S			
			anization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though					
L Add	lines 5	5b, 6c, and 7b, to	organization chooses to file a return, be sure to file a complete return of line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total d of Form 990-EZ Image: 62,268		ne 25, column (E	3) below) are \$500,000 or		
	rt I		e, Expenses, and Changes in Net Assets or Fund Balan	ces (See the	ınstructions f	or Part I)		
		_	ne organization used Schedule O to respond to any question in this Par		<u> </u>	<u> ´.</u> ▽		
	1	Contribution	ns, gifts, grants, and similar amounts received		. 1			
	2	Program ser	vice revenue including government fees and contracts		. 2			
	3	Membership	dues and assessments		. 3	62,103		
	4	Investment	Income		. 4	165		
	5a	Gross amou	nt from sale of assets other than inventory	5a				
Ξ	b		· L	5b				
Revenue	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5	a)	5c			
ŭ	6	Gaming and						
	а	Gross income f						
	b		ne from fundraising events (not including \$ _of contributions from fundr line 1) (attach Schedule G if the sum of such gross income and contrib		s			
			6	b				
	С	Less direct	expenses from gaming and fundraising events	5c				
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b and	subtract line	5c) 6d			
	7a	Gross sales	of inventory, less returns and allowances	7a				
	ь	Less cost o	of goods sold	7b				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a) .		. 7c			
	8	Other reven	ue (describe in Schedule O)		8			
	9	Total revenu	1e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	62,268		
	10	Grants and s	similar amounts paid (list in Schedule O)		10			
	11	•	d to or for members		. 11	20,248		
_	12	•	ner compensation, and employee benefits		. 12			
Expenses	13		I fees and other payments to independent contractors		. 13	20,005		
Jed.	14		rent, utilities, and maintenance		• 14	100		
ũ	15		olications, postage, and shipping		. 15	100		
	16		nses (describe in Schedule O)	•	16	24,199		
	17		ses. Add lines 10 through 16		17	64,552		
නු ආ	18		deficit) for the year (Subtract line 17 from line 9)	aroo wath	. 18	-2,284		
ASS	19		or fund balances at beginning of year (from line 27, column (A)) (must a figure reported on prior year's return)	igree WILN	10	27.054		
Net.Assets	20	•	ges in net assets or fund balances (explain in Schedule O)		. 19	37,054		
_	20		or fund balances at end of year Combine lines 18 through 20		20	34,770		
	21		or rand barances at end or year Combine inies to tillough 20		21	1 37,770		

Check if the organization use	d Schedule O to respond to	any question in this P	art II		
(See the instruc	tions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			37,054	22	34,770
				23	
24 Other assets (describe in Schedule C))			24	
25 Total assets		🗀	37,054	25	34,770
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 of	of column (B) must agree wit	th line 21) .	37,054	27	34,770
Check if the organization use What is the organization's primary exempt THE ORGANIZATION WAS ESTABLISHE SEEKING IMPROVED TERMS AND CONI AID TO MEMBERS AS NEEDED, TO PRO PROCEEDINGS, AND TO PROMOTE SO Describe the organization's program servi measured by expenses In a clear and cor	d Schedule O to respond to purpose? ED TO FURTHER THE INTE DITIONS OF EMPLOYMEN VIDE REPRESENTATION CIAL AND FRATERNAL AC ce accomplishments for eac acise manner, describe the s	ERESTS OF ITS MEME T, TO RENDER MORA AND/OR COUNSEL IN TIVITIES th of its three largest p	BERSHIP BY L AND MATERIAL N LEGAL program services, as	(c)(orga 494	Expenses quired for section 501 3) and 501(c)(4) anizations and section 17(a)(1) trusts, conal for others)
benefited, and other relevant information f 28 TO FURTHER THE INTERESTS OF ITS CONDITIONS OF EMPLOYMENT, TO RE PROVIDE REPRESENTATION AND/OR OF AND FRATERNAL ACTIVITIES (Grants \$) If the	S MEMBERSHIP BY SEEKIN NDER MORAL AND MATER	RIAL AID TO MEMBEI EEDINGS, AND TO P	RS AS NEEDED, TO ROMOTE SOCIAL	28a	57,825
(Grants \$) If th	ıs amount ıncludes foreign (grants, check here .	▶┌	29a	
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check here .	▶ ┌	30a	
31 Other program services (describe in So (Grants \$) If th	chedule O) Is amount includes foreign (31a	
32 Total program service expenses (add lin	nes 28a through 31a) .			32	57,82
Part IV List of Officers, Directors, Tr					s for Part IV)
Check if the organization use (a) Name and address	d Schedule O to respond to (b) Title and average hours per week devoted to position			s to lans &	(e) Expense account and other allowances
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this	s Part V					
				Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O				No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				No		
35	If the organization had income from business activities, such as those reported on lines 2,6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income or Form 990-T						
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				No		
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' prov Schedule O	ide an explanation in	35b				
c	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III				No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a					
ь	Did the organization file Form 1120-POL for this year?		37b		No		
	Did the organization borrow from, or make any loans to, any officer, director, trustee						
504	any such loans made in a prior year and still outstanding at the end of the tax year		38a		No		
L	•	ı <i>i</i>	30a		140		
	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b					
39	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on line 9	39a					
b	Gross receipts, included on line 9, for public use of club facilities	39b					
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization duri	ng the year under					
	section 4911 ▶, section 4912 ▶, section 4955	>					
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sections during the year or did it engage in an excess benefit transaction in a pri reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been					
			40b				
	Section $501(c)(3)$ and $501(c)(4)$ organizations Enter amount of tax imposed on organizations during the year under sections $4912,4955,$ and 4958	-					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reil organization	mbursed by the					
е	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form 8886-T		40e		Νo		
41	List the states with which a copy of this return is filed NJ						
42a	The organization's books are in care of 🕨 TREASURER	Telephone no	• (97	3)214	-5542		
	P O BOX 17374						
	Located at ► JERSEY CITY, NJ	ZIP + 4		/30/			
b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			Yes	No No		
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Ro Financial Accounts.	eport of Foreign Bank and					
c	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		No		
	If "Yes," enter the name of the foreign country 🕨						
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 3 and enter the amount of tax-exempt interest received or accrued during the tax year				▶ □		
				Yes	No		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be o	ompleted instead of		res	NO		
	Form 990-EZ.		44a		Νo		
b	Did the organization operate one or more hospital facilities during the year? If Yes , instead of Form990-EZ	Form 990 must be completed	44b		No		
c	Did the organization receive any payments for indoor tanning services during the year	ar?	44c		No		
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments'	? If 'No,' provide an explanation	- 		110		
45a	in Schedule O 5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?						
					No		
45b	15b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)						

candidate Part VI Se Al 47 Ch	ganization engage, directly of s for public office? If "Yes," ection 501(c)(3) orga I section 501(c)(3) organ							
Al 47 Ch 47 Did the or	l section 501(c)(3) orgar		-	ehalf of or	in opposition to	46		No
Ch	7-49b and 52.							stions
	neck if the organization used	Schedule O to respond to	o any question in this P	art V I .				Γ
							Yes	No
11 165, 6	ganızatıon engage ın lobbyır complete Schedule C, Part I		tion 501(h) election in	effect duri	ng the tax year?	47		
18 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
19a Did the organization make any transfers to an exempt non-charitable related organization?						49a		
	was the related organization					49b		
	_	_						
	this table for the organizations) who each received more t							
	address of each employee ore than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	ntributions to benefit plans & compensation	a	e) Exper count a er allowa	nd
	this table for the organization							
-	sation from the organization and address of each indeper	If there is none, enter "I	None "		pe of service		an \$100 Compens	
-		If there is none, enter "I	None "				'	
(a) Name	and address of each indeper	n Ifthere is none, enter "I	None " Te than \$100,000	(b) Typ	pe of service		'	
Total nu 2 Did the must at	mber of other independent corganization complete Schetach a completed Schedule	on If there is none, enter "Indent contractor paid more and more a	None " Te than \$100,000 The open state of the state of t	(b) Typ	pe of service ▶ 47(a)(1) nonexen	(c) C	aritable	trusts
Total nu 2 Did the must at der penalties cowledge and b	mber of other independent c	on If there is none, enter "Indent contractor paid more on tractors each receiving dule A? NOTE: All Section A	None " Te than \$100,000 To over \$100,000 To 501(c)(3) organization To ding accompanying school	(b) Typ	e of service	mpt cha	aritable	trusts
Total nu 2 Did the must at ider penalties cowledge and bowledge.	mber of other independent corganization complete Schetach a completed Schedule of perjury, I declare that I have elief, it is true, correct, and constant i	on If there is none, enter "Indent contractor paid more on tractors each receiving dule A? NOTE: All Section A	None " Te than \$100,000 To over \$100,000 To 501(c)(3) organization To ding accompanying school	(b) Typ	e of service	mpt cha	aritable	trusts
Total nu 2 Did the must at ander penalties cowledge and browledge.	mber of other independent corganization complete Schetach a completed Schedule of perjury, I declare that I have elief, it is true, correct, and constant i	ontractors each receiving dule A? NOTE: All Section A	y over \$100,000	(b) Typ	to all information of the preparer's taxpay	mpt cha	aritable fes my preparer	trusts No has a
Total nu 2 Did the must at a der penalties cowledge and browledge. ign ere	mber of other independent corganization complete Schetach a completed Schedule of perjury, I declare that I have elief, it is true, correct, and constant i	ontractors each receiving dule A? NOTE: All Section A	y over \$100,000	(b) Typ	pe of service 47 (a)(1) nonexen statements, and to all information of 2012-10-17 Date Preparer's taxpay (See instructions)	mpt cha	aritable fes my preparer	trusts No
Total nu 2 Did the must at: der penalties cowledge and bowledge. gen ere Prepsigna ere Prepsigna firse	mber of other independent corganization complete Schetach a completed Schedule of perjury, I declare that I have elief, it is true, correct, and constant i	ontractors each receiving dule A? NOTE: All Section A	y over \$100,000	(b) Type ns and 494 edules and sis based on	to all information of the preparer's taxpay	mpt cha	aritable fes my preparer	trusts No has a

Form 990-EZ (2011)

Page **4**

Software ID: Software Version:

EIN: 22-2256071

Name: JERSEY CITY POLICE SUPERIOR

OFFICERS ASSOCIATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BOB KEARNS PO BOX 17374 JERSEY CITY, NJ 07307	PRESIDENT 10 00	0		
JAY WHITE PO BOX 17374 JERSEY CITY, NJ 07307	1ST V PRES 5 00	0		
MARTY BOUTELOUPT PO BOX 17374 JERSEY CITY, NJ 07307	2ND V-PRES 500	0		
HAROLD TULLOCK DO BOX 17374 JERSEY CITY, NJ 07307	EXE FINANCE 5 00	0		
FRANK SPRAGUE D PO BOX 17374 JERSEY CITY, NJ 07307	REC SEC'Y 5 00	0		
MORGAN TORRES PO BOX 17374 JERSEY CITY, NJ 07307	SGT AT ARMS 5 00	0		
CHRIS ROBATEAU DO BOX 17374 JERSEY CITY, NJ 07307	STATE DELEGA 10 00	0		
VIN CORSO D PO BOX 17374 JERSEY CITY, NJ 07307	FIN SEC'Y 5 00	0		

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DLN: 93492297000002

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.

2011
Open to Public Inspection

Name of the organization
JERSEY CITY POLICE SUPERIOR
OFFICERS ASSOCIATION INC

Employer identification number

22-2256071

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES & CONVENTIONS 110 MEETING EXPENSE 10,419 COMMUNITY RELATIONS 3,370 OFFICERS' ALLOWANCE 150 OFFICERS' EXPENSES 39 PROMOTIONAL AND GOODWILL 5,148 TELEPHONE EXPENSE 2,726 BANK CHARGES 28 OFFICE EXPENSES 2,209 TOTAL 24,199
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	COMPUTER EQUIPMENT 1,668 1,668 LESS ACCUMULATED DEPRECIATION 1,668 1,668 TOTAL 0 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE ORGANIZATION WAS ESTABLISHED TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOY MENT, 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
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOY MENT, 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

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TY 2011 Compensation Explanation

Name: JERSEY CITY POLICE SUPERIOR

OFFICERS ASSOCIATION INC

EIN: 22-2256071

Person Name	Explanation
BOB KEARNS	
JAY WHITE	
MARTY BOUTELOUPT	
HAROLD TULLOCK	
FRANK SPRAGUE	
MORGAN TORRES	
CHRIS ROBATEAU	
VIN CORSO	