



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PASSAIC COUNTY 200 CLUB

C/O MOUNTAIN DEVELOPMENT CORP

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

Room/suite

3 GARRET MOUNTAIN PLAZA NO 204

City or town, state or country, and ZIP + 4

WOODLAND PARK, NJ 07424

D Employer identification number

22-3342763

E Telephone number

(973) 225-0696

F Group Exemption Number

G Accounting method ☒ Cash ☐ Accrual Other (specify) _____

I Website: WWW.PC200CLUB.ORG

J Tax-Exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 159,730

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,730
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	41,750
	4	Investment income	4	10,289
	5a	Gross amount from sale of assets other than inventory	5a	73,478
	b	Less cost or other basis and sales expenses	5b	69,411
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,067
	6	Gaming and fundraising events	6d	9,594
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	20,889
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	9,594
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,430
	10	Grants and similar amounts paid (list in Schedule O)	10	14,700
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	9,250
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	204
	15	Printing, publications, postage, and shipping	15	1,383
	16	Other expenses (describe in Schedule O)	16	13,832
	17	Total expenses. Add lines 10 through 16	17	39,369
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,061
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	318,362
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-5,730
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	342,693

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

Cat No 10642I

Form 990-EZ (2010)

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)															(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	.	.	.	.	.	317,276	22	340,489	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.	.	.		23		
24	Other assets (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	1,086	24	3,882	
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	.	.	318,362	25	344,371	
26	Total liabilities (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.	0	26	1,678	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.	.	.	.	.	.	.	.	.	.	.	.	.	318,362	27	342,693	

Check if the organization used Schedule O to respond to any question in this Part III ☒

Check if the organization used Schedule O to respond to any question in this Part III ☒		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO RECIEVE FUNDS AND PROPERTY TO INVEST AND REINVEST THE SAME AND TO DISBURSE THE SAME AS VOLUNTARY, GRATUITOUS AND CHARITABLE GIFTS AND CONTRIBUTIONS WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR THE BENEFIT OF DEPENDENT WIDOW/WIDOWERS, DEPENDENT CHILDREN OR THE NAMED BENEFICIARY OR BENEFICIARIES OF ANY LIFE INSURANCE POLICY PROVIDED BY THE MUNICIPALITY, COUNTY OR STATE OF SALARIED, VOLUNTEER OR SPECIAL LAW ENFORCEMENT OFFICERS INCLUDING STATE POLICE, FBI, DEA, AFT INS, USSS, USCS, USAP, SHEFIFF'S DEPARTMENT, PROSECUTOR'S OFFICE, CORRECTION OFFICERS, PRISON GUARDS, FIREFIGHTERS, EMERGENCY MEDICAL TECHNICIANS AND OTHER PUBLIC SAFETY PERSONNEL WHO, ALTHOUGH NOT SPECIFICALLY LISTED, PERFORM DUTIES OR FUNCTIONS SIMILAR OR RELATED TO THOSE SET FORTH IN THIS SECTION, LIVING OR SERVING IN PASSAIC COUNTY OR ITS MUNICIPALITIES WHO HAVE LOST THEIR LIVES IN THE LINE OF DUTY TO RECOGNIZE VALOR OR MERITORIUS SERVICE BY ANYONE SET FORTH AS STATED ABOVE			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 CHARITABLE GIFTS FOR THE BENEFIT OF DEPENDENT WIDOWS AND WIDOWERS, CHILDREN AND BENEFICIARIES OF LAW ENFORCEMENT OFFICERS DESCRIBED IN SECTION #1 OF THE BY-LAWS (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	2,000	
29 SCHOLARSHIPS AWARDED TO CHILDREN OF LAW ENFORCEMENT AS DESCRIBED IN SECTION #1 OF THE BY-LAWS (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	8,500	
30 VARIOIUS AND SUNDRY DONATIONS TO WORTHY CHARITIES (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	4,200	
31 Other program services (describe in Schedule O) ☐ (Grants \$) If this amount includes foreign grants, check here ☐	31a		
32 Total program service expenses (add lines 28a through 31a) ☐	32	14,700	

Check if the organization used Schedule O to respond to any question in this Part IV ☒

(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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	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)	34	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 on Form 990-T		
a	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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	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	35c	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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ NJ		
42a	The organization's books are in care of ☐ JAMES R SUESSMANN Telephone no ☐ (973) 357-0033 570 PARK AVENUE Located at ☐ PATERSON, NJ ZIP + 4 ☐ 075041009		
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)? If "Yes," enter the name of the foreign country ☐ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☒ Yes ☐ No

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

Sign Here	***** Signature of officer		2012-04-17 Date		
	CHRISTINE SCHULTZ, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JAMES R SUESSMANN	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions) P00168045
	Firm's name (or yours if self-employed), address, and ZIP + 4	MURPHY MILLER BAGLIERI LLP 65 HARRISTOWN ROAD GLEN ROCK, NJ 07452			EIN ☐ 20-1689274
					Phone no ☐ (201) 612-0015
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PASSAIC COUNTY 200 CLUB
C/O MOUNTAIN DEVELOPMENT CORP

Employer identification number
22-3342763

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	39,535	32,475	39,355	760	3,730	115,855
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,825	41,770	34,440	80,088	73,478	240,601
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	50,360	74,245	73,795	80,848	77,208	356,456
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						356,456

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	50,360	74,245	73,795	80,848	77,208	356,456
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,720	8,236	6,928	9,738	10,289	43,911
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,720	8,236	6,928	9,738	10,289	43,911
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)	59,080	82,481	80,723	90,586	87,497	400,367
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	89.030%	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	10.970 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-3342763

Name: PASSAIC COUNTY 200 CLUB
C/O MOUNTAIN DEVELOPMENT CORP

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
CHRISTINE E SCHULTZ 41 CHESTNUT COURT CEDAR GROVE,NJ 07009	PRESIDENT 0 00	0	0	0
FRANK J LOGIOCO 86 KRATTIGER COURT WEST MILFORD,NJ 07480	VICE PRESIDENT 0 00	0	0	0
MARY CLAIRE SHIBER 28 NATHAN WAY WAYNE,NJ 07470	VICE PRESIDENT 0 00	0	0	0
HEIDI SCRIPTURE 7 NEMIC LANE WHIPPANY,NJ 07981	SECRETARY 0 00	0	0	0
JAMES R SUESSMANN 570 PARK AVENUE PATERSON,NJ 07504	TREASURER 0 00	0	0	0
RICKY E BAGOLIE 660 NEWARK AVENUE JERSEY CITY,NJ 07306	TRUSTEE 0 00	0	0	0
RICHARD BERDNIK 435 HAMBURG TURNPIKE WAYNE,NJ 07470	TRUSTEE 0 00	0	0	0
JOSEPH BORELL 101 HAMBURG TURNPIKE BLOOMINGDALE,NJ 07403	TRUSTEE 0 00	0	0	0
EUGENE C BOYLE 2 GRIST MILL RUN MAHWAH,NJ 07430	TRUSTEE 0 00	0	0	0
DANIEL BRANDMAN 1360 HAMBURG TURNPIKE 303 WAYNE,NJ 07470	TRUSTEE 0 00	0	0	0
JEFFREY BUONFORTE 166 CHAMBERBRIDGE ROAD MONTVILLE,NJ 07438	TRUSTEE 0 00	0	0	0
JOSEPH CANNATELLA 27 NEW STREET WAYNE,NJ 07470	TRUSTEE 0 00	0	0	0

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PASSAIC COUNTY 200 CLUB C/O MOUNTAIN DEVELOPMENT CORP	Employer identification number 22-3342763
--	--

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	MERRYLL LYNCH 10,280 MERRYLL LYNCH 9 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 10,289
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME KYLE BURNS GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/12/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME RYAN FEUER GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/25/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME VERONICA HILL GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/25/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME SEAN IRELAND GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/25/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ROBIN JIROUSCHEK GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/25/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME AMANDA MCCARTHY GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/25/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JESSICA O'SHAY GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/27/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME KARA FALVEY GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/27/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME STEVENS INSTITUTE OF TECHNOLOGY GRANTEE ADDRESS CASTLE POINT ON THE HUDSON HOBOKEN, NJ 07030 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/12/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME BRIANNE SWEENEY GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/31/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ROBERT BUKOWSKI GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/19/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME KYLE BURNS GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/18/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CLIFTON PBA GRANTEE ADDRESS P O BOX 528 FLORHAM PARK, NJ 07932 GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/22/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CAMPBELL FUNDRAISER GRANTEE ADDRESS 900 CLIFTON AVENUE CLIFTON, NJ 07013 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/08/11 AMOUNT GIVEN 2,450
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME REBECCA KENWOOD TRUST GRANTEE ADDRESS 109T WINBERRY COURT PARAMUS, NJ 07652 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME PATERSON POLICE MEMORIAL GRANTEE ADDRESS P O BOX C PATERSON, NJ 07509 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME NJ FIREMENS' HOME GRANTEE ADDRESS 565 LATHROP AVENUE BOONTON, NJ 07005 GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/15/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME PHILISS MORGAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/15/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CAMILLE MANDELL GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/15/11 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,700

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 204
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 473 DESCRIPTION AWARDS & PLAQUES AMOUNT 1,745 DESCRIPTION DIRECTORS' MEETING AMOUNT 31 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 90 DESCRIPTION INSURANCE AMOUNT 2,714 DESCRIPTION WEBSITE AMOUNT 880 DESCRIPTION POSTAGE AMOUNT 457 DESCRIPTION COCKTAIL RECEPTION AMOUNT 4,140 DESCRIPTION WAYNE DAY AMOUNT 800 DESCRIPTION INVESTMENT FEES AMOUNT 150 DESCRIPTION SUPPLES AMOUNT 236 DESCRIPTION TELEPHONE AMOUNT 917 DESCRIPTION PAYROLL TAXES AMOUNT 1,064 DESCRIPTION OTHER TAXES AMOUNT 135 TOTAL TO FORM 990-EZ, LINE 16 13,832
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION CHANGE IN FMV OF INVESTMENTS AMOUNT -5,730
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,086 END OF YEAR AMOUNT 3,882
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,678

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: PASSAIC COUNTY 200 CLUB
C/O MOUNTAIN DEVELOPMENT CORP

EIN: 22-3342763

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.