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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2011

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A For the 2011 calendar year, or tax year beginning		Jul 1	, 2011, and ending	Jun 30	, 2012
B Check if applicable		C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	Allendale Waldwick PBA			22-2924154
<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	290 Franklin Turnpike			(201) 825-1900
		City or town, state or country, and ZIP + 4			
		Allendale		NJ 07401	
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:		► n/a			
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
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		► \$ 59,794.			
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 <input checked="" type="checkbox"/>					
SCANNED JAN 08 2013 EXPENSES ASSETS	1 Contributions, gifts, grants, and similar amounts received	1	33,780.		
	2 Program service revenue including government fees and contracts	2	7,199.		
	3 Membership dues and assessments	3	15,428.		
	4 Investment income	4	3,387.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events	6a			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions		
	c Less direct expenses from gaming and fundraising events	6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	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	59,794.		
	10 Grants and similar amounts paid (list in Schedule O)	10	16,259.		
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12	600.		
13 Professional fees and other payments to independent contractors	13	16,670.			
14 Occupancy, rent, utilities, and maintenance	14	1,090.			
15 Printing, publications, postage, and shipping	15	144.			
16 Other expenses (describe in Schedule O)	16	17,803.			
17 Total expenses. Add lines 10 through 16	17	52,566.			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,228.			
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	99,438.			
20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2,254.			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	104,412.			

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See Form 990 EZ Part I Line 16 Other Expenses

See L-20 Stmt

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

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

			(A) Beginning of year	(B) End of year
22 Cash, savings, and investments			99,438.	22 104,412.
23 Land and buildings			0.	23 0.
24 Other assets (describe in Schedule O)			0.	24 0.
25 Total assets			99,438.	25 104,412.
26 Total liabilities (describe in Schedule O)			0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			99,438.	27 104,412.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? Police Benevolent Association

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Donations and assistance to several funds, charities and organizations to benefit owners in need due to death and/or welfare relief (Grants \$ 14,095.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	0.
29	Meetings, Conventions Fees, Dues and Assessments from the State and County to Maintain our local in order to effectively assist others (Grants \$ 2,164.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	1,090.
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	1,090.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O **33** Yes 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** Yes No

35a 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** Yes 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** Yes No

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** Yes 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** Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. **37b** Yes No

b Did the organization file Form 1120-POL for this year? **38a** Yes No

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? **38b** Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **39a** Yes No

39 Section 501(c)(7) organizations Enter **39b** Yes No

a Initiation fees and capital contributions included on line 9 **39a** Yes No

b Gross receipts, included on line 9, for public use of club facilities **39b** Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► **40b** Yes No

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 **40c** Yes 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 **40d** Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40e** Yes No

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 **41** List the states with which a copy of this return is filed ► New Jersey Yes No

42a The organization's books are in care of ► Scott Kuenzel Telephone no ► (201) 825-1900 Located at ► 290 Franklin Turnpike Allendale NJ ZIP + 4 ► 07401 **42b** Yes No

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 ► **42c** Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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** Yes 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** Yes No

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a** Yes 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** Yes No

c Did the organization receive any payments for indoor tanning services during the year? **44c** Yes 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** Yes No

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? **45a** Yes No

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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b** Yes No

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 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

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Name of the organization

Allendale Waldwick PBA

Employer identification number

22-2924154

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Awards & Promotion</u>	9,645.
<u>Bank Charges</u>	20.
<u>Convention Expense</u>	6,009.
<u>County PBA</u>	170.
<u>Dues & Fees</u>	340.
<u>Delegate</u>	420.
<u>Honor Guard</u>	200.
<u>Insurance</u>	842.
<u>Special Olympics</u>	127.
<u>Supplies</u>	30.
 Total	 <u>17,803.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
<u>Realized/Unrealized Gains (Losses)</u>	<u>-2,254.</u>
Total	<u>-2,254.</u>