efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493091005409 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Form **990**

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

Do not enter social security numbers on this form as it may be made public

2017

Interna	l Revei	f the Treasi nue Service	Information	about Form 990 and its instructions is at	<u>www IRS gov</u>		0	Inspection	
A Fo	or the	e 2017 c		eginning 07-01-2017 $$, and ending 0	6-30-2018				
☐ Add		pplicable change	C Name of organization NEW JERSEY STATE PBA LOCA	L #105		D Employ 22-2100		cation number	
☐ Init	tial ret	turn	Doing business as						
		n/terminated 1 return	Number and street (or P O bo	E Telephon	e number				
☐ Application pending		on pending				(609) 3	96-8688		
			City or town, state or province TRENTON, NJ 08608	e, country, and ZIP or foreign postal code		G Gross re	ceipts \$ 4,	970,873	
			F Name and address of pri BRIAN RENSHAW - PRES	ncıpal officer	H(a) I	is this a group ref	turn for		
			SAME AS ABOVE			subordinates? Are all subordinat	es	□Yes ☑No	
I Tax	-exen	npt status	TRENTON, NJ 08608 □ 501(c)(3) ☑ 501(c) (8	8) ◀(insert no) ☐ 4947(a)(1) or ☐ 5	─ ─ │ `´ ı	ncluded?		Yes No	
J W	ebsit	e:▶ WV	WW NJPBA105 COM	8) 4 (Insert no)		if "No," attach a l Group exemption	•	•	
K Forn	n of or	ganızatıon	Corporation Trust	Association ☐ Other ▶	L Year of	formation 1977	M State o	of legal domicile NJ	
Pa	rt T	Sum	ımary						
				ion or most significant activities					
e.	Т	TO RENDI	ER MORAL AND MATERIAL AID	ERESTS OF ITS MEMBERSHIP BY SEEKIN O TO MEMBERS AS NEEDED, TO PROVIDE CIAL AND FRATERNAL ACTIVITIES					
Governance	<u>-</u>	ROCEED	INGS, AND TO PROMOTE SOC	ITAL AND FRATERNAL ACTIVITIES					
(en	_								
G0.	2	Check th	us box > uf the organization	on discontinued its operations or disposed	of more than	25% of its net a	ssets		
			of voting members of the gov		3	14			
Activities &			of independent voting member		4	14			
ET.			mber of individuals employed mber of volunteers (estimate i	5	1				
Ä			6	100					
				n Part VIII, column (C), line 12 e from Form 990-T, line 34			7a 7b	0	
	-	Net unie	lated pusifiess taxable filcome	= 1101111 01111 990-1, IIIIE 34	- 	Prior Year	1 1	Current Year	
_	8	Contribu	tions and grants (Part VIII, lir	ne 1h)		THO Tear	0	Carrent Tear	
enu			• , , ,	ne 2g)		2,140,2	249	2,200,560	
Rəvenue				(A), lines 3, 4, and 7d)		138,7	766	221,604	
_	11	Other re	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		0			
	12	Total rev	enue—add lines 8 through 11	(must equal Part VIII, column (A), line 1	2)	2,279,0)15	2,444,582	
	13	Grants a	nd sımılar amounts paıd (Part	IX, column (A), lines 1–3)		46,3		108,040	
			paid to or for members (Part			817,4		964,411	
S &				ee benefits (Part IX, column (A), lines 5-	10)	29,1	_	42,928	
Expenses				column (A), line 11e)			0		
핓			raising expenses (Part IX, column penses (Part IX, column (A),	· · · · · · · · · · · · · · · · · · ·		1,335,1	164	1,274,582	
				t equal Part IX, column (A), line 25)		2,228,0		2,389,961	
			less expenses Subtract line :			50,9		54,621	
8 8			·		Begir	nning of Current Y	ear	End of Year	
ets									
Net Assets or Fund Balances			sets (Part X, line 16)			3,471,9		3,349,434	
Net En			ts or fund balances Subtract		•	471,7 3,000,2		325,610	
Par			ature Block			3,000,2	-21	3,023,02-	
Under	pena	alties of p	perjury, I declare that I have e	examined this return, including accompan					
knowl any ki			ef, it is true, correct, and com	plete Declaration of preparer (other than	officer) is bas	sed on all informa	ation of w	hich preparer has	
•		 							
c:~-		Signat	* cure of officer			2019-03-29 Date			
Sign Here		BRIAN	I RENSHAW TREASURER						
			or print name and title						
			Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	i	L	EDMOND BRADY	EDMOND BRADY	2019-03-29	self-employed	P00100199		
Pre		* !	Firm's name PKF O'CONNOR D			Firm's EIN > 27-			
Use	On	ly ˈ	Firm's address > 293 EISENHOWER	K PKWY SUITE 1/U		Phone no (973) !	535-2880		

LIVINGSTON, NJ 07039

☑ Yes ☐ No

Form	990 (2017)				Page	2
Par	t IIII Statement	of Program Service Acc	omplishments			_
	Check If Sche	edule O contains a response or	note to any line in this Part III .		[
1	Briefly describe the	organization's mission				_
SEE	SCHEDULE O FOR THE	ORGANIZATION'S MISSION				_
						_
						_
2	=		gram services during the year which v	were not listed on		
		or 990-EZ?			🗌 Yes 🗹 No	
	•	ese new services on Schedule				
3	Did the organization					
	services?				🗌 Yes 🗹 No	
	If "Yes," describe the	ese changes on Schedule O				
4	Section 501(c)(3) ar		plishments for each of its three large required to report the amount of gra ervice reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	_
	See Additional Data					
						_
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	_
						—
						_
						_
						_
						_
	-					—
						_
						_
	/O. I.) (5				_
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
						_
						_
						_
						_
						_
						_
						_
					_	_
						_
4d	Other program serv	ices (Describe in Schedule O)				_
	(Expenses \$	ıncluding ç	grants of \$	(Revenue \$)	
4e	Total program ser	vice expenses >				_

Yes

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Page 3

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? 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?

to provide advice on the distribution or investment of amounts in such funds or accounts?

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

3

4

5

8

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

- 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a
- Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b 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

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Yes 20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

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32

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35a

35h

36

37

Yes

Yes

Form 990 (2017)

No

Yes

Yes

Νo

Nο

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

29

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 57			
	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 and 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			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-+a	and the organization receive any payments for masor tanning services during the tax year.			

OHIII	1 990 (2017)			Page
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	a "No" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			ı
1a	a Enter the number of voting members of the governing body at the end of the tax year	14	Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	her 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? •	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ır by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	1	
10-	Did the annual to be least the street burners of the street	10-	Yes	No
	a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilial and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10a		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?			No
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		No
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			110
	conflicts?	12b		
Ĭ	Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	. 13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	a 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe status with respect to such arrangements?	mpt		
_		16b		
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
18	NJ NJ	only)		
	available for public inspection Indicate how you made these available Check all that apply	,		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interepolicy, and financial statements available to the public during the tax year	st		

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization no	or any related o	organization compensated	d any current officer,	, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of tor/t	t che unle: ficer rust	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BRIAN RENSHAW PRESIDENT	40 00 2 00	Х		x				6,000	0	0
(2) WILLIAM SULLIVAN VICE PRESIDENT	40 00	Х		×				4,000	0	0
(3) SEAN SPRICH EXEC VICE PRESIDENT #1	40 00	Х		x				4,000	0	0
(4) TODD MCCONNELL EXEC VICE PRESIDENT #2	40 00 1 00	Х		x				4,000	0	0
(5) MICHAEL GALLAGHER EXEC VICE PRESIDENT #3	40 00 1 00	х		x				2,000	0	0
(6) NICHOLAS BUNNELL EXEC VICE PRESIDENT #4	40 00 1 00	х		х				4,000	0	0
(7) VINCENT SHERRIER TREASURER	15 00 1 00	х		x				1,000	0	0
(8) MICHAEL TIRADO FINANCIAL SECRETARY	5 00 1 00	Х		×				750	0	0
(9) BRENDA HUNT RECORDING SECRETARY	5 00 1 00	Х		x				0	0	0
(10) RAYMOND HECK DELEGATE	15 00 1 00	х		x				1,000	0	0
(11) ROBERT SHEPPARD SGT -AT-ARMS	5 00 1 00	Х		x				0	0	0
(12) FRANK BOBKO TRUSTEE	5 00 1 00	Х						0	0	0
(13) DEREK MARKGRAF TRUSTEE	5 00 1 00	х						0	0	0
(14) GERARD MOLION TRUSTEE	5 00 1 00	Х						0	0	0
										_
										Form 990 (2017)

compensation from the organization ▶ 0

Part VII

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Repo compe							D) (E) Ortable ensation in the from relat ation (W-		w-	(F) Estima amount of compens from t	ted f other sation :he
		for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC)	organizati relate organiza	ed
41.6														
сΊ	Sub-Total Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	 art VII, Sectio		· ·	• •		*			26,750		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	<u> </u>		
	<u> </u>												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey eı •	mplo •	oyee, o	or hi	ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations										n the			
5	Individual	· · · · · · · · · · · · · · · · · · ·	• • npensat	· :ion fr	· om	• any	unrela	· ·	• • organizal	· ·	· · · · ·	4		No
	services rendered to the organization	?If "Yes," compi										5		No
Se	ection B. Independent Contract Complete this table for your five higher		d inden	ender	nt co	ntra	ectors i	that	received	more than	\$100,000 of cor	nnen	nsation	
	from the organization Report comper													
	Name a	ind business addre	ess							Desc	ription of services		(C) Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

Part \		I Statement of	Revenue									rage 3
				a respo	onse or note to any	line in thi	s Part VIII					🗆
				·		(A Total re	.)	Rela ex- fur	B) ted or empt ction	(C) Unrelat busine revent	ed ss	(D) Revenue excluded from tax under sections
	1 a	Federated campaig	ns	1a				rev	enue			512-514
nts nts		b Membership dues		1b	<u> </u>							
irai 10u		Fundraising events		1c								
S. C An		d Related organizatio		1d								
er Sift		e Government grants (c		L								
S, (All other contributions		1e								
ion	1	and similar amounts n above		1f								
tributions, Gifts, Grants Other Similar Amounts	١.	Noncash contribution	ons included									
Contributions, Giffs, Grants and Other Similar Amounts	-	in lines 1a-1f \$	ono meradea									
Cont and	h	Total.Add lines 1a-1	lf		•							
<u>1</u>					Business	Code						
۲.	2 a	MEMBERSHIP DUES				900099	2,1	73,244	2,17	3,244		
å	b	CONVENTION REIMBUR	SEMENT			900099		19,360		9,360		
Service Revenue	С	LEGAL FEES REIMBURS	EMENT			900099		7,956		7,956		
Ser	d			_								
an	е											
Program	f	All other program se	rvice revenue	<u> </u>	2	200,560				l .		
Δ.	g	Total.Add lines 2a-2	f	•	<u> </u>	_						
		Investment income (ii similar amounts) .			nterest, and other	Ţ	112,330	0				112,330
		Income from investm			ond proceeds	•						<u> </u>
		Royalties		-		•						
			(ı) Rea	I	(II) Personal	j						
	6a	Gross rents										
	b	Less rental expenses				+						
						_						
	C	Rental income or (loss)										
	d	Net rental income o	r (loss)			┪						
			(ı) Securi	ties	(II) Other							
	7a	Gross amount from sales of assets other than inventory	2,5	598,210	9,58	6						
	b	Less cost or other basis and sales expenses	2,4	198,522		0						
	c	Gain or (loss)		99,688	9,58	6						
	d	Net gain or (loss)			•		109,274	4	109,274	ŀ		
Other Revenue	8a	Gross income from f (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
æ		Less direct expense		ь								
her		Net income or (loss)			ents							
P	9a	Gross income from g See Part IV, line 19		ıes								
				а								
		Less direct expense		b								
		Net income or (loss)		activit	les >	7						
	TU	Gross sales of invent returns and allowand	cory, less									
				a	, ,	_						
	b	Less cost of goods s	sold	b	27,769	<u>'</u>						
	С	Net income or (loss)		invent			12,819	9				12,819
-	11	Miscellaneous aSPECIAL EVENT INC			Business Code 90009	9	5,480	2	5,480)		
		aspecial event inc	-OME		30003		3,400		5,400	,		
	b	MISCELLANOUS REV	/ENUE		90009	9	4,119	€	4,119)		
	c											
	d	All other revenue .										
	е	Total. Add lines 11a	-11d		•	L	9,599	9				
	12	Total revenue. See	Instructions				2,444,582	2	2,319,433	3	0	125 149
							_, , 502	1	_,, _, _,	1		125,149 Form 990 (2017)

Part IX	Stat	teme	ent	of	Functional	Expenses	

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 (2017)				Page 10
Part IX Statement of Functional Expenses	lumana All athan ana		-lata asluma (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and	72,365	expenses	general expenses	ranaraisingexpenses
domestic governments See Part IV, line 21	, 2,000			
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,675			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members	964,411			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,561			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,367			
11 Fees for services (non-employees)				
a Management				
b Legal	222,976			
c Accounting	68,690			
d Lobbying	34,435			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	95,543			
12 Advertising and promotion				
13 Office expenses	172,250			
14 Information technology				
15 Royalties				
16 Occupancy	45,520			
17 Travel	45,877			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	225,404			
20 Interest	1,670			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,337			
23 Insurance	37,804			
24 Other expenses Itemize expenses not covered 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)				
a OFFICERS EXPENSE	85,692			
b COMMUNITY RELATIONS	38,409			
c OFFICERS ALLOWANCES	31,100			
d TRUSTEE/REPRESENTATIVES	31,080			
e All other expenses	54,795			
25 Total functional expenses. Add lines 1 through 24e	2,389,961			

Form **990** (2017)

1 2

3

4

Assets

11

12

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18

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21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11**

71,907

46,279

22,700 47,840

406,268

2.754.440

3.349.434

209,451

116.159

325,610

3,023,824

3.349.434

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part IX

II of Schedule L

Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Part II of Schedule L .

Notes and loans receivable, net

	Beginning of year
Cash-non-interest-bearing	21
Savings and temporary cash investments	

	\perp
Cash-non-interest-bearing	L
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	Г

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other 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) Complete

Inventories for sale or use	13,228	8	
Prepaid expenses and deferred charges	38,715	9	
Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
Less accumulated depreciation	441,650	10 c	
Investments—publicly traded securities .	2,715,484	11	
Investments—other securities See Part IV, line			12

(A)

217,195

45.677

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33

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3,471,949

329.147

142.581

471,728

3,000,221

3.471.949

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34. 3.000,221 27 3.023.824 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 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 Nο

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both ✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

2c

3a

3b

Νo

No

Form 990 (2017)

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version: EIN: 22-2100854

Name: NEW JERSEY STATE PBA LOCAL #105

Form 990 (2017)

Form 990, Part III, Line 4a: TO FURTHER THE INTERESTS OF ITS MEMBERSHIP BY SEEKING IMPROVED TERMS AND CONDITIONS OF EMPLOYMENT, TO RENDER MORAL AND MATERIAL AID TO MEMBERS AS NEEDED.TO PROVIDE REPRESENTATION AND/OR COUNSEL IN LEGAL PROCEEDINGS, AND TO PROMOTE SOCIAL AND FRATERNAL ACTIVITIES

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

DLN: 93493091005409

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

OMB No 1545-0047

•	Section 527 organizations Comple							
•	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Forn t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy	er section 501(h)) Co under section 501(h)	mplete Part)) Complete	II-A Do not Part II-B Do	com o not	olete Part II-l . complete Pa	art II-A
	oxy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organi							
Na	w JERSEY STATE PBA LOCAL #105	zanono compreto i arcini				entif	ication nun	nber
Par	rt I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is		2-2100854 527 organ	niza	tion.	
1	<u> </u>	nization's direct and indirect political						
	"political campaign activities")	·	, ,	,				
2	Political campaign activity expend	,			>	\$_		
3 251	Volunteer hours for political camp rt I-B Complete if the orga	paign activities (see instructions) nization is exempt under sect	tion 501(c)(3)					0
1	<u> </u>	ax incurred by the organization under				+		
2	•	ax incurred by the organization under			•	₽_ \$		
3	·	tion 4955 tax, did it file Form 4720 fo			r	Ψ_	☐ Yes	
4a	Was a correction made?	,	,					□ NO
							☐ Yes	∐ No
b Pa⊺		nization is exempt under sec	tion 501(c), exce	ept section	1 501(c) (3	3).		
1		led by the filing organization for secti				<u>,</u>		
2		panization's funds contributed to othe	· ·			т-		
	function activities		-		•	\$_		35,200
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	lıne 17b	>	\$_		35,200
4	Did the filing organization file Fo	rm 1120-POL for this year?					☐ Yes	✓ No
5	organization made payments. For of political contributions received	employer identification number (EIN) reach organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	mount paid from the vered to a separate po	filing organi olitical organ	ization's fund	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing org funds If	int paid from ganization's none, enter -0-		(e) Amount contributions and promp directly deliv separate p organization enter	received only and vered to a political If none,
• •	PBA LOCAL 105 PAC	42 W LAFAYETTE STREET TRENTON, NJ 08608	46-3486516					28,000
(2) I	NJS PBA PAC	158 MAIN STREET WOODBRIDGE, NJ 07095	47-2239526					7,200
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E	Z. Cat	No 50084S	Schedule ((For	m 990 or 990	D-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 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)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a 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 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

OMB No 1545-0047

DLN: 93493091005409

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization N JERSEY STATE PBA LOCAL #105				Emplo	oyer identification number
					22-21	
Pa	Organizations Maintaining Donor Advi				or Acco	unts.
	Complete if the organization answered "Ye			sed funds	,	b)Funds and other accounts
1	Total number at end of year	(a) Bollo	uuv	300 101103		by and other accounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	rs in writing that th	0.300	ets held in donor a	l dviced fin	nds are the
	organization's property, subject to the organization's ex	clusive legal contro	?			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt II Conservation Easements. Complete if the	ne organization a	ารพ	red "Yes" on Fori	n 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	hat a	oply)		
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation of ar	historica	ally important land area
	Protection of natural habitat			Preservation of a	certified l	historic structure
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	on co	ntribution in the fo	rm of a <u>c</u>	onservation Held at the End of the Year
а	Total number of conservation easements				2a	neid at the End of the Year
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified histori	c structure included	ın (a)	2c	
d	Number of conservation easements included in (c) acqu		•	•	2d	
	structure listed in the National Register					
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	ıısne	a, or terminated by	tne orga	nization during the
4	Number of states where property subject to conservation	on easement is locat	ed 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng, ıı	spection, handling	of violati	ons,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olatio	ns, and enforcing c	onservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ns, a	nd enforcing conser	vation ea	asements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)^{2}$	above satisfy the r	equir	ements of section 1	70(h)(4)	(B)(ι)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Pai	Try organizations Maintaining Collections Complete if the organization answered "Yes				er Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$
C	ii)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ıncıal galı	
а	Revenue included on Form 990, Part VIII, line 1	. ,	-			▶ \$
b	Assets included in Form 990, Part X					▶ \$
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No.	52283D	Schedule D (Form 990) 20:

Sche	edule D (Form 990) 2017									Page 2
Par	t IIII Organizations Maintaining Col	lections of Art, Histo	rical T	reasu	ıres, or	Other	Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accession items (check all that apply)		k any of	the fo	llowing tl	nat are a	significant	use of its col	lection	
а	Public exhibition	d		Loan	or excha	nge pro	grams			
b	Scholarly research	е		Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's col Part XIII	lections and explain how t	hey furtl	her the	e organiz	atıon's e	xempt purpo	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						nılar	☐ Yes	□ No)
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		0, Part	IV, lı	ne 9, or	report	ed an amoi	unt on Forr	n 990, F	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary fo	or contri	bution	s or othe	r assets	not	Yes	□ №)
b	If "Yes," explain the arrangement in Part XIII	and complete the following	a table		Γ		<u> </u>	Amount		-
c	Beginning balance		. 5		ŀ	1c				-
d	Additions during the year				ŀ	1d				-
е	Distributions during the year				Ī	1e				-
f	Ending balance				Ī	1f				-
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 21, fo	r escrov	v or cu	ıstodıal a	ccount li	ability?	Yes	□ No	-
b	If "Yes," explain the arrangement in Part XIII	Check here if the explana	ation has	s been	provided	l ın Part	XIII			
Pa	rt V Endowment Funds. Complete if	the organization answ	ered "Y	es" or	n Form 9	990, Pa	rt IV, line :	10.		
_		(a)Current year (b)	Prior yea	ır	(c)Two ye	ars back	(d)Three ye	ars back (e)	Four years	back
	Beginning of year balance			\dashv						
	Contributions			\rightarrow						
	Net investment earnings, gains, and losses			-						
	Grants or scholarships			\rightarrow						
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (line	1a, colu	mn (a)) held as	 5	1			
а	Board designated or quasi-endowment >	,		` .						
ь	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
_	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а	Are there endowment funds not in the posses organization by	sion of the organization th	at are h	eld an	d adminis	stered fo	or the		Yes	No
	(i) unrelated organizations							3a(i)		
b	(ii) related organizations		 nedule R	. (?	·. ·.			3a(ii) . 3b		
4	Describe in Part XIII the intended uses of the	organization's endowmen	t funds							
Pa	rt VI Land, Buildings, and Equipme		O D- 1	T) ()		C	000 D		0	
	Complete if the organization answ Description of property (a) Cost or oth (investme	ner basis (b) Cost or oth					rm 990, Pa depreciation		Book value	
1a	Land		!	55,000						55,000
b	Buildings		2	82,852			99,389			183,463
c	Leasehold improvements									
d	Equipment		3	21,720			153,915			167,805
е	Other									
Tota	al. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part X. col	umn (B)	. line :	10(c)).		>			406.268

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
E)							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (2) (3) (3) (4) (5) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (5) (5) (5) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) b) potal. (Columnation (Columna	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Page 4

2,430,012

27,769

2,389,961

2.389.961

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Other (Describe in Part XIII)

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d

Part XI

1

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

3 3 2,444,582 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c n c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 2,444,582 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 2,417,730 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b 2c c

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2d

4a

4b

Explanation

27,769

2e

3

4c

5

Page 5		Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Software Version:

TY FOR PERIODS PRIOR TO JUNE 30, 2015

Software ID:

EIN: 22-2100854

Name: NEW JERSEY STATE PBA LOCAL #105

Supplemental Information

Return Reference Explanation THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS AR E MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HA D NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOS URE THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING AUTHORI

upplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D - OTHER ADJUSTMENTS	PBA ITEMS SOLD - \$27,769					

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS	PBA ITEMS SOLD - \$27,769						

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493091005409 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** NEW JERSEY STATE PBA LOCAL #105 22-2100854 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(4) (5)

(6)

(7)

Explanation

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

Additional Data

PBA LOCAL FOUNDATION

42 W LAFAYETTE STREET

TRENTON, NJ 08608 NJS PBA PAC

158 MAIN STREET WOODBRIDGE, NJ 07095

Software ID: **Software Version:**

36-4657561

47-2239526

EIN: 22-2100854 Name: NEW JERSEY STATE PBA LOCAL #105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation							
organization grant cash (500k, 1117, appraisar,	(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	

(a) Name and address of	(D) FIN	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(T) Method of Valuatio
organization		ıf applıcable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

501-C-3

527

72,365

7,200

(g) Description of

non-cash assistance

(h) Purpose of grant

POLITICAL DONATION

or assistance

CHARITABLE

ENDEAVERS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 527 28.000 PBA LOCAL 105 PAC 46-3486516 POLITICAL DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

42 W LAFAYETTE STREET TRENTON, NJ 08608

efile GRAPH	IC print	- DO NOT PROCESS As Filed Data -		DL	N: 93493091005409
SCHEDUL	ΕΩ	Supplemental Information t	o Form 990 or 99	10-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	reasury	Complete to provide information for res Form 990 or 990-EZ or to provide a ▶ Attach to Form 990 ▶ Information about Schedule O (Form 990	provide information for responses to specific questions on 10 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. out Schedule O (Form 990 or 990-EZ) and its instructions is al www.irs.gov/form990.		
Internal Revenue Se Name of the org NEW JERSEY STAT		#105		mployer ider 22-2100854	tification number
990 Schedule Return Reference	e O, Sup	plemental Information Exp	lanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION HAS MEMBERS			

Return Explanation
Reference

FORM 990, THE MEMBERS VOTE TO ELECT OR APPOINT THE MEMBERS OF THE GOVERNING BOARD OF THE ORGANIZATION PART VI, SECTION A, LINE 7A

Return Explanation
Reference

LINE 7B

FORM 990, THE MEMBERS VOTE ON APPROVING CHANGES TO THE ORGANIZATION'S BYLAWS AND APPROVING OTHER PART VI, SIGNIFICANT DECISIONS OF THE GOVERNING BOARD SECTION A,

Return Explanation
Reference

LINE 11B

FORM 990, THE TREASURER AND THE PRESIDENT REVIEW THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE PART VI, SERVICE SECTION B.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	ANY PERSON SUBJECT TO THE CONFLICT OF INTEREST POLICY SHALL REPORT THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST FOR HIMSELF/HERSELF OR ANY OTHER PERSON SUBJECT TO THE POLICY THE REPORT SHALL BE MADE TO THE PRESIDENT OF THE ORGANIZATION IN THE EVENT THAT THE PERSON IN QUESTION IS THE PRESIDENT, SAID REPORT SHALL BE MADE TO THE BOARD A FULL DISCLOSURE OF A LIFE FOR THE PRESIDENT SHALL BE MADE TO THE PRESIDENT BEFORE CONSUMMATINED FOR THE PRESIDENT BEFORE CONSUMMATINED FOR THE TRANSACTION A MEMBER, OFFICER, OR EMPLOYEE MAY NOT BECOME INVOLVED IN A TRANSACTION WITH THE ORGANIZATION OR ANY OTHER ORGANIZATION IN QUESTION IF THERE EXISTS OR APPEARS TO EXIST A CONFLICT OF INTEREST, EXCEPT WITH THE CONSENT OF THE BOARD AFTER FULL DISCLOSURE INDIVIDUALS WHO KNOWLINGLY VIOLATE AND/OR REFUSE TO ABIDE BY THIS POLICY MAY BE SUBJECT TO TERMINATION OF THEIR RELATIONSHIP WITH THE ORGANIZATION

Return Explanation
Reference

FORM 990, PART VI, OTHER OFFICERS STIPENDS ARE DETERMINED BASED ON THE STIPENDS FOR THE PRESIDENT AND ALL OTHER OFFICERS STIPENDS ARE DETERMINED BASED ON THE STIPENDS OF SIMILIAR POSITIONS IN THE SECTION B, IMMEDIATE GEOGRAPHIC AREA AS WELL AS THOSE THROUGHOUT THE REGION

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND FORM 990 AVAILAB LE UPON REQUEST INTERESTED PARTIES SHOULD CONTACT THE PRESIDENT AT , 42 WEST LAFAYETTE ST REET TRENTON, NJ 08608 TO REQUEST A COPY OF ANY OF THE DOCUMENTS THE ORGANIZATION FREELY DISTRIBUTES ITS DOCUMENTS UPON REQUEST OUR FORM 990 IS ALSO AVAILABLE ON THE IRS'S WEBSIT

Return Explanation
Reference

FORM 990, PART IX, LINE 11G

Return Explanation Reference

FORM 990. PAC TRANSFERS 28.000 ELECTION EXPENSES 19.595 NJS PBA PAC ASSESSMENT 7.200 PART IX,

LINE 24E

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

2017 Open to Public

DLN: 93493091005409 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization NEW JERSEY STATE PBA LOCAL #105

Part I

(Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 22-2100854 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) Legal domicile (state (d) (f) (e) Direct controlling Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax		ganization answered	"Yes" on Form 990), Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi enti	512(b) ntrolled
						Yes	No
(1)PBA LOCAL 105 PAC 42 W LAFAYETTE STREET TRENTON, NJ 08608 46-3486516	UNION PAC	NJ	527		N/A		No
(2)PBA 105 FOUNDATION 42 W LAFAYETTE STREET TRENTON, NJ 08608 36-4657561	CHARITY	NJ	501(C)(3)	LINE 10	N/A		No
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Cat No 5013	35Y	·	Schedule R (Form	990) 20)17

		(b) Primary	1										
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Loans or loan guarantees to or for related organization(s)

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Ye	No						
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		No						

c Gift, grant, or capital contribution from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

(c)

Amount involved

m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

(a)

Name of related organization

Lease of facilities, equipment, or other assets to related organization(s)

1b | Yes 1c 1d

1e

1g 1h

11

1 m

1n

10

1q

1r Yes

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

No No No

No

No

No

No

No

No

No

No

No

No

No

No

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion of certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-yea assets	(g) Share of end-of-year assets	(g) Share of ind-of-year assets (h) Disproprtional allocations:		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017