

Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning 11/01, 2010, and ending 10/31, 2011

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

The 200 Club of Somerset County
P.O. Box 477
Somerville, NJ 08876

D Employer Identification Number

22-2588956

E Telephone number

908-722-6400

G Gross receipts \$

85,873.

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

H(a) Is this a group return for affiliates?

 Yes No

H(b) Are all affiliates included?

 Yes No

If 'No,' attach a list (see instructions)

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ► L Year of Formation 1972 M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities Render financial assistance to widows, children & families of policemen, firemen, rescue workers or troopers who die or are injured in the line of duty. Provide college scholarships to children and/or children of parents, who are actively serving in public service fields.

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 22

4 22

5 0

6 50

7a 0.

7b 0.

3 Number of voting members of the governing body (Part VI, line 1a)

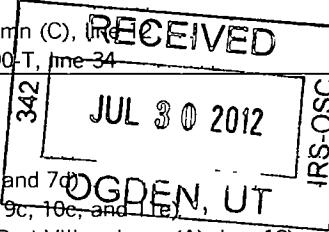
4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 34

b Net unrelated business taxable income from Form 990-T, line 34



8 Contributions and grants (Part VIII, line 1h)

81,275. 79,300.

9 Program service revenue (Part VIII, line 2g)

11,454. 6,573.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

92,729. 85,873.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

37,500. 32,500.

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

37,234. 38,335.

14 Benefits paid to or for members (Part IX, column (A), line 4)

74,734. 70,835.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

17,995. 15,038.

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ►

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

Beginning of Current Year 497,262. 512,300.

21 Total liabilities (Part X, line 26)

0. 0.

22 Net assets or fund balances Subtract line 21 from line 20

497,262. 512,300.

Part II Signature Block

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
► Michael F. Johnson
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature
Peter Johnson

Firm's name ► Gillen & Johnson, P.A.
Firm's address ► 182 W. High St. - P.O. Box
Somerville, NJ 08876

May the IRS discuss this return with the preparer shown above? (see in
BAA For Paperwork Reduction Act Notice, see the separate instruction

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 32,500. including grants of \$ 32,500.) (Revenue \$ 38,650.)
Provide college scholarships to children and/or children of parents, who are actively serving in the public service fields.**4b** (Code) (Expenses \$ 23,899. including grants of \$) (Revenue \$ 38,650.)
Renders financial assistance to widows, children and families of policemen, firemen, rescue squad workers or state troopers, who die or, are injured in the line of duty.**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 56,399.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
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 in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f 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	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c 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	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' 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	X
b If 'Yes,' enter the name of the foreign country ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a 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?	7c	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a	X
	14b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22	
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders? See Schedule O	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Schedule O	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director or 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		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	12a	X
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers of key employees of the organization	16b	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NJ</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
<input type="checkbox"/>	Own website
<input type="checkbox"/>	Another's website
<input checked="" type="checkbox"/>	Upon request
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization
	► <u>The Treasurer P.O. Box 477, Somerville, NJ 08876 908-722-6400</u>

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

 Check if Schedule O contains a response to any question 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 year

- 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, and 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former	
(1) Robert Hunt Vice President	0								0.
(2) Robert Bukowczyk President	0								0.
(3) Vito Mistretta Vice President	0								0.
(4) Michael Vernoia Treasurer	0								0.
(5) Morgan McLachlan Secretary	0								0.
(6) Paul Bell Trustee	0								0.
(7) Jim Collins Trustee	0								0.
(8) William Cooper Trustee	0								0.
(9) Lawrence Corsini Trustee	0								0.
(10) Robert Corcoran Trustee	0								0.
(11) Jason Dameo Trustee	0								0.
(12) Roger Dameo Trustee	0								0.
(13) Michael Jankoski Trustee	0								0.
(14) Peter Johnson Trustee	0								0.
(15) James Kennedy Trustee	0								0.
(16) John Kitchen Trustee	0								0.
(17) Aaron Kurtzman Trustee	0								0.

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	
(18) Ned Licitra Trustee	0								0.
(19) David Lapani Trustee	0								0.
(20) Kevin McCallen Trustee	0								0.
(21) Thomas Rafferty Trustee	0								0.
(22) David Prugh Trustee	0								0.
(23) Patricia Ryan Trustee	0								0.
(24) Charles Saladin Trustee	0								0.
(25) Michael Scancarella Trustee	0								0.
(26) Kenneth Scherer Trustee	0								0.
(27) Eric Wasser Trustee	0								0.
(28)									
(29)									
1b Sub-total							►		0.
c Total from continuation sheets to Part VII, Section A							►		0.
d Total (add lines 1b and 1c)							►		0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in line 1a-1f. \$				
h Total. Add lines 1a-1f		►			
PROGRAM SERVICE REVENUE	2a Membership Dues & Assessments	Business Code 624200	79,300.	79,300.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		►	79,300.	
3 Investment income (including dividends, interest and other similar amounts)		►	6,573.	6,573.	
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events		►			
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►	85,873.	85,873.	0.
12 Total revenue. See instructions		►			0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,500.	32,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,161.	18,161.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Office Expenses	11,475.	5,738.	5,737.	
b Secretarial Expenses	8,631.		8,631.	
c License fee	50.		50.	
d Credit card/bank fees	18.		18.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	70,835.	56,399.	14,436.	0.
26 Joint costs. Check here □ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	497,262.	2	512,300.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets Add lines 1 through 15 (must equal line 34)	497,262.	16	512,300.
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
NET ASSETS OR FUND BALANCES	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	497,262.	32	512,300.
	33 Total net assets or fund balances	497,262.	33	512,300.
	34 Total liabilities and net assets/fund balances	497,262.	34	512,300.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	85,873.
2 Total expenses (must equal Part IX, column (A), line 25)	2	70,835.
3 Revenue less expenses Subtract line 2 from line 1	3	15,038.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	497,262.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	512,300.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

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

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

SCHEDULE A
(Form 990 or 990-EZ)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 497(a)(1) nonexempt charitable trust.

2010**Open to Public
Inspection**

Name of the organization

The 200 Club of Somerset County

Employer identification number

22-2588956

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 described in **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)(iv)** 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)(v)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(vi)**.
 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)(vii)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(viii)**. (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 See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

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

h Provide the following information about the supported organization(s)

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to it 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 (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 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 yr beginning in) ▶

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	79,250.	78,285.	79,353.	81,275.	79,300.	397,463.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	79,250.	78,285.	79,353.	81,275.	79,300.	397,463.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						397,463.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	79,250.	78,285.	79,353.	81,275.	79,300.	397,463.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,778.	15,319.	11,642.	11,454.	6,573.	62,766.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	17,778.	15,319.	11,642.	11,454.	6,573.	62,766.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (Add ins 9, 10c, 11, and 12)	97,028.	93,604.	90,995.	92,729.	85,873.	460,229.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	86.4 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	84.4 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	13.6 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	15.6 %
19a 33-1/3% support tests – 2010. 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		<input checked="" type="checkbox"/>
b 33-1/3% support tests – 2009. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

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

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization

The 200 Club of Somerset CountyEmployer identification number
22-2588956**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Part II can be duplicated if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) _____ -----							
(2) _____ -----							
(3) _____ -----							
(4) _____ -----							
(5) _____ -----							
(6) _____ -----							
(7) _____ -----							
(8) _____ -----							

2 Enter total number of section 501(c)(3) and government organizations ► 0

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
1		32,500.			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

The 200 Club of Somerset County

Employer identification number

22-2588956

Form 990, Part III, Line 1 - Organization Mission

Render financial assistance to widows, children & families of policemen, firemen, rescue workers or troopers who die or are injured in the line of duty. Provide college scholarships to children and/or children of parents, who are actively serving in public service fields.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Organization has members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

At the Organization's Annual Meeting, the membership elects candidates to the Board of Trustees from a slate of candidates proposed by a nominating committee, or nominations from the floor. The actions of the Board are ratified by the Membership at the Annual Meeting.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Actions of the Board are ratified at the Annual Meeting.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

**THE 200 CLUB
OF SOMERSET COUNTY**
P.O. Box 179, Somerville, NJ 08876
1-908-526-2565

Membership Application

www.SomersetCounty200Club.org

An organization of concerned citizens pledged to render necessary financial assistance to the families who are left with little or no support when a police officer, firefighter, rescue squad member, or state trooper is seriously injured or loses their life in the line of duty

Name of Applicant	Home Phone
Home Address	
Name of Business	Business Phone
Home Address	
Date of Birth	Primary E-mail Address
Note: must be 21 years of age at time of application	
Proposed by	

I would be willing to serve on the following committees as indicated

Executive Financial Membership Projects

Important Notice - Please read carefully

200 Club bylaws preclude membership of applicants with **more than 5 Motor Vehicle points** and/or having been **convicted of a driving under the influence of drugs or alcohol offense** within the last ten years

Please initial here. _____ acknowledging that the applicant has less than 5 Motor Vehicle points and has never been convicted of a driving under the influence of drugs or alcohol offense within the last ten years

I enclose my check for \$200.00* and understand that my application must be approved by the Board of Trustees	
Date	Signature of Applicant
Proposed by	Accepted by

Form Instructions:

Please fill out the form completely. Sign the form and attach a check made payable to "The 200 Club of Somerset County" in the amount of \$200.00. Mail the completed form to the address at the top of the form.

*Tax Deductible as Charitable Contribution by IRS Regulation

**the 200 club
of somerset county**

2011



PROGRAM

WELCOME	Robert Bukowczyk, President
PLEDGE TO FLAG	Robert Bukowczyk, President
INVOCATION	Reverend Thomas P. Ganley - Chaplin
LUNCHEON	
INTRODUCTIONS	Robert Bukowczyk, President
SCHOLARSHIP RECIPIENTS	Robert H. Hunt, Jr.
VALOR AWARDS Presentations	Chief Brian R. Fitzgerald Police Chief Branchburg Township Police Dept. Deputy Chief Lawrence Roberts Deputy Chief Franklin Township Police Dept. Chief Dennis Manning Police Chief Somerville Borough Police Dept.
GUEST SPEAKER	Colonel Rick Fuentes Superintendent New Jersey State Police
BENEDICTION	Reverend Thomas P. Ganley - Chaplin McCarrick Care Center, Somerset, NJ

May 18, 2011
Bridgewater Manor
Bridgewater, New Jersey

THE SOMERSET COUNTY 200 CLUB

Website: www.somersetcounty200club.org

We are a non-profit group of residents and businesses in Somerset County with a deep concern for the welfare of over five thousand policemen, firefighters, rescue squad members and N.J. State Police who protect our families and our property, 24 hours a day, seven days a week, year after year....

Our Club is one of more than ninety-two clubs in the nation and nineteen in New Jersey. Other clubs in New Jersey are Essex, Union, Morris, Middlesex, Ocean, Monmouth, Mercer, Hunterdon, Warren, Hudson, Sussex, Bergen, Cape May, Atlantic, Burlington and Camden County.

OUR PURPOSE

To render necessary financial assistance to the families who are left with little or no support when a police officer, firefighter, rescue squad member, or state trooper is seriously injured loses their life in the line of duty. Collectively we can, and must, fulfill our obligation to these fine people

In thirty-eight years of existence, our 200 Club has helped the families of numerous public servants

WHY GET INVOLVED?

Please take a moment to think what it would be like without our local police officers .. without our firefighters ... without our rescue squad members .. and without our state troopers.

The question answers itself.

WHAT CAN WE DO?

Join us in assisting the families of these members who have given the last full measure in the line of duty. Join us in our efforts to cooperate with the state, county and municipal bodies in their quest to prevent further casualties. Join us in expanding our organization to better aid these deserving public servants.

HOW CAN YOU JOIN?

Please use the application form on the back of this program to become a member. The Two Hundred Club of Somerset County depends entirely on the public spirited, civic minded citizens to make the program financially possible.

SCHOLARSHIP

For the 22nd straight year, the 200 Club of Somerset County is proud to be able to present the following students with a \$2,500.00 scholarship each

Kyle F. Brands - Warren Hills Regional High School
New Jersey State Police (parent)

Lauren A. Brands - Warren Hills Regional High School
New Jersey State Police (parent)

Amanda C. Curry - Hillsborough High School
Montgomery Township Police Department (parent)

Kara Czarcinski - Immaculata High School
Bound Brook Police Department (parent)
Bound Brook Fire Department (parent & applicant)

Virginia Doherty - Mount Saint Mary Academy
Warren Township Rescue (applicant)

Scott C. Du Barry - Somerville High School
North Branch Fire Company (applicant)

Erin N. Gallagher - Delaware Valley Regional High School
New Jersey State Police (parent)

Rebecca M. Guilloud - Academy for Health and Medical Sciences
Hillsborough Rescue Squad (applicant)

Lauren K. Keane - South Plainfield High School
Warren Township Police Department (parent)

Jessica B. Lubas - Manville High School
Somerset County Prosecutor's Office (parent)

Alex R. McQuade - Phillipsburg High School
New Jersey State Police (parent)

Emily Sellar - Manville High School
Manville Fire Department (parent)

Barry J. Van Horn - Somerville High School
Somerville Fire Department (parent)

These students have been selected to receive scholarships based not necessarily on financial need, but also on their academic records as well as their service to school and community. The awarding of these scholarships will bring our total to \$577,500.00 in scholarship moneys given to 258 individuals!

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VALOR LUNCHEON
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James Kennedy
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Vito Mistretta
John Morris
Eric Wasser

1. THE 200 CLUB STORY:

The story of the 200 Clubs began back in 1950 when Detroit Patrolman Andreas Mellert was shot in the back as he escorted a charge to a patrol car. He left a young widow, who was shortly due to go to the hospital for her first child. As a widow, she would receive \$4,000 and a pension of \$170 a month.

William Packer, who had helped other policemen's families, decided to write to 100 of his friends urging them to donate to a fund for the policeman's wife. Andreas Mellert had been killed November 17, 1950. His posthumous child, Kathleen, was born New Year's Eve. By this time his widow, Esther, left the hospital; Packer, Detroit News columnist Jack Carlisle and Police Commissioner George Boos presented her a bankbook with \$7,800. Later, the 200 Club set up a scholarship fund of \$1000 for Kathleen.

Other widows were helped, but Packer began to question why a permanent club wasn't formed with a standing treasury, rather than individual efforts each time a crisis arose. Such a club was incorporated in the summer of 1952 with dues of \$200 a year earmarked solely for widows and dependents. The first membership list of 100 began to grow to 200, 250, and more. Now there are over 500 members.

Other clubs have sprung up across the nation. Some are known by other names: 200 Clubs, Shield Clubs, Bluecoats, Backstoppers and the like; but all share the same common goal of providing benefits to widows and children of slain officers. A number of clubs give awards to officers who exhibit exemplary action in the course of their duties and today the work of the 200 Club continues to expand.

Information obtained from the Somerset County 200 Club brochure in 1984 by Tom Rafferty

2. OUR SOMERSET COUNTY 200 CLUB:

Our Somerset County 200 Club started in 1972 with a membership of 57, and has presently a membership of 725 public-spirited citizens with a deep concern for the welfare of public safety officers. The 5000 members of the Somerset County Police and Fire Departments and Rescue Squads, and the N.J. State Police, protect our families and property twenty-four hours a day, seven days a week.

Our Somerset County 200 Club is one out of 19 Clubs in the State of New Jersey and one out of about 92 in the Nation.

MEMBERSHIP

Sybil Reid Prugh
Kathryn Reiner
Craig Repmann
Ronald Repmann
John Rice
Kenneth Rice
Keri Rice
Robert Ring
Fortunato Rilerto
Brooke Rodgers
Terry Roe
Dale Roller
Alan Rollins
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Max Spann
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Thomas Van Syckel
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Richard Laudino
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Frank Lieto
John Liggett
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David Livingston
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Jerry Lobrow
Daniel Locker
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Jonathan Luca
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Catherine Parella
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Meghan Peragine
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John Pilla
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Joseph Ponce
Joseph Poole III
Gregory Porcino
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Daniel Puntillo
Michael Purdy
Alex Puskas
Frederick Quick
Gene Quintieri
Susan Radom
Thomas Rafferty
Robert Ransone III
Scott Rappoport
Bill Raska
Denise Raska
Jim Redington
Thomas Regelz

3. OUR PURPOSE:

To render necessary financial assistance to those widows, children and families who are left with little or no support when a member of the Police Force or Fire Department, Rescue Squad or the State Police loses his or her life in the line of duty

It is the opinion of these concerned citizens that collectively we can and must fulfill our obligation to these fine people. Somerset County 200 Club has helped families of numerous officers, by awarding scholarships to the children of our first responders.

4. ANNUAL VALOR AWARD LUNCHEON:

Members of the Police and Fire Departments, the Rescue Squads and the State Police are often involved in dangerous and life threatening confrontations. During these times our uniformed protectors do not hesitate to protect the public again and again, certain individuals perform heroic acts far above and beyond the call of duty.

At an Annual Awards Luncheon our Somerset County 200 Club will honor those men and women we all respect and admire for their total disregard for their own safety. This is our way to say THANK YOU to these outstanding public servants.

The Valor Award recipients are chosen in part on the recommendations of our public service advisors which include the Somerset County Police and Fire Departments, Rescue Squads and State Police Department

These Clubs are organizations composed of public-spirited citizens which raise funds through dues, initiation fees, and contributions to provide assistance to surviving members of public safety officers who die in the line of duty. There are often no distinctions drawn between calamities; survivors of a police officer hurt while directing traffic are provided the same benefits as the family of an officer gunned down by a "Saturday night special" wielded by a nationally sought criminal. Such financial assistance has eliminated the unfortunate spectacle of voluntary collections being made following an officer's death that often fall woefully short of meeting fundamental needs.

GUEST SPEAKER



Colonel Rick Fuentes

Superintendent of the New Jersey State Police

On Monday June 2, 2003, Colonel Joseph R Fuentes was selected by Governor James McGreevey to become the 14th Superintendent of the New Jersey State Police

Superintendent Fuentes enlisted in the State Police in January 1978, as a member of the 93A Class. He has served the Division of State Police throughout the state, including assignments as a general road duty Trooper in Central and Southern New Jersey, and an instructor at the Sea Girt Academy. He also was a supervisor with the FBI/NJSP Joint Terrorism Task Force, Narcotics Units, and the Street Gang Unit. Prior to being named Acting Superintendent, he was assigned as the Chief of the Intelligence Bureau, overseeing nine units within the Intelligence Section.

The recipient of numerous awards, Superintendent Fuentes has been recognized by the U.S. Justice Department, Drug Enforcement Administration, and in 1993 was a co-recipient of the New Jersey State Police Trooper of the Year award.

Superintendent Fuentes earned a Bachelor of Science degree from Kean College of New Jersey in 1977, a Master of Arts in Criminal Justice from John Jay College of Criminal Justice, New York in 1992, and a Doctorate of Philosophy in Criminal Justice from City University of New York in 1998. In 2006, Colonel Fuentes was appointed General Chair of the State and Provincial Division of the IACP.

Superintendent Fuentes resides in Bergen County with his wife, Eileen.

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George DeNardo
William Denson
Christopher Dente
Jacob Deutsch
Cynthia Devos
Eric Devos
Stephanie Devos
Vincent Di Lorenzo
James Dick
Walter Dietz III
Maria Donegan
William Dougherty
Alan Douglas
Ana Isabel Douglas
Charles Drastura
William Dreier
Patrick Driscoll
Robert DuBois
Michael Dugan
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Wendy Dwyer
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Roger Flanagan Jr
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Timothy Foley
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Elizabeth Fuerst
Steven Fuerst
Richard Fullam
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Stephen Gattoni
Gino Gavazzi
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Ellen Guido
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Matthew Hand
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Jeff Hockenbury
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Robert Holtaway
Peter Honeymar
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Rustem Husenaj
Sejdi Husenaj
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 Mary Delucia

VALOR AWARD



Officer
Steven Crone



Officer
Robert Farrigan



Officer
Robert Stober

On January 25th, 2010 at 3:55 am the Branchburg Police received a call from an employee of the Quick Chek located on Route 22. The employee reported that there was an individual inside the store acting in a suspicious manner. The employee described the individual as a black male approximately 6'1" wearing a military style jacket and black cap. Officer Steven Crone was the first officer to arrive on the scene. Upon his arrival, Officer Crone, wisely parked his patrol vehicle at the rear of the building and approached on foot. This procedure allowed him to view what was taking place inside the store and possibly prevent a hostage situation.

Officer Crone observed the individual, later identified as Lloyd Woodson, picking up items and putting them back on the shelf. Officer Crone subsequently entered the Quick Chek and walked past Mr. Woodson. Once inside the store, Officer Crone observed a large bulge under Mr. Woodson's jacket which gave the appearance he was armed and possibly wearing a ballistic vest.

At this point, Officer Crone decided to let Mr. Woodson think his presence in the Quick Chek was routine. This quick thinking kept Mr. Woodson from panicking and causing potential harm to the civilians present.

Officer Crone moved toward the coffee area in an effort to keep some type of cover between him and Mr. Woodson. This also would allow Mr. Woodson a free exit path from the store and possibly remove the threat from the civilians. During this time, Officer Crone was able to speak briefly with the store manager to ascertain if anyone else was with Mr. Woodson. At this point, Mr. Woodson ran out of the store. Officer Crone was unable to detect Mr. Woodson's direction of travel and did not know if he fled in an awaiting vehicle. Officer Crone radioed Officer Robert Farrigan and Officer Robert Stober, who were responding as back up, that the suspect fled the store and that he appeared armed and wearing a bullet-proof vest.

The three officers began to search the immediate area on foot in an effort to locate the suspect. Several minutes later, Officer Crone observed Mr. Woodson lying in the hedges near the Regency Trailer Park. He drew his service weapon and ordered Mr. Woodson to show his hands. Mr. Woodson would not comply and after several commands he still did not comply. Against the instructions of Officer Crone, Farrigan and Stober, Mr. Woodson rose to his feet. He was ordered to the ground and would not comply. Mr. Woodson then ran with the officers in pursuit. Officer Farrigan grabbed his jacket and Mr. Woodson pushed him off. After continuing the foot pursuit for thirty yards, Officer Farrigan was able to trip Mr. Woodson, causing him to fall to the ground. Mr. Woodson continued to fight the officers. During the struggle, they observed a rifle under his jacket. In an attempt to control Mr. Woodson, Officer Stober and Officer Crone sprayed him with O.C. pepper spray. This had minimal effect on him and he continued to fight. After several minutes of struggling with Mr. Woodson, the officers were able to secure him in handcuffs.

A search of Mr. Woodson's person revealed he was in possession of a .50 caliber Bushmaster military assault rifle, four magazines loaded with hollow point bullets and a military style ballistic vest. Once Mr. Woodson was secured back at the Branchburg Police Headquarters, he told the officers that while they were searching for him, he had them in his rifle sight, but did not pull the trigger.

During the questioning of Mr. Woodson, it was learned that he was staying in one of the rooms at the Red Mill Inn located in Branchburg. Mr. Woodson gave consent to search his room, which uncovered a cache of weapons, including a homemade grenade launcher.

Lloyd Woodson was charged with attempted robbery of the Quick Chek, unlawful possession of an assault firearm, possession of hollow point bullets, possession of high capacity magazines and resisting arrest.

Subsequent to the arrest, information regarding the incident was sent out nationally. It was learned that the Fairfax, Virginia Police had an unsolved robbery similar in nature to the attempted robbery of the Branchburg Quick Chek. Surveillance video in the Virginia robbery clearly showed the actor was Lloyd Woodson. With the information and evidence obtained from Branchburg, Fairfax, Virginia Police charged Mr. Woodson with armed robbery.

VALOR AWARD



Corporal
Michael Price



Corporal
Daniel McNamara

On August 10, 2010 Corporal Michael Price, a 25 year veteran, and Corporal Daniel McNamara, an 18 year veteran, of the Franklin Township Police Department were dispatched to a 9-1-1 call reporting an incident of domestic violence. The caller reported that her father was physically assaulting her mother. Upon arrival, Corporals Price and McNamara encountered the male subject in the rear detached garage of the residence. Corporal McNamara spoke with the male subject while Corporal Price went to house and spoke to the caller and the female party. It was determined that as a result of this incident the male subject was going to be arrested for domestic violence assault. Corporal Price advised the subject he was under arrest. As Corporals Price and McNamara attempted to arrest the subject he struggled and fled. They took chase as the suspect ran to the front of the residence. As the officers attempted to stop the subject, he produced a small caliber handgun and pointed it at the officers. Corporal Price fired a single round that struck the subject. They then immediately rendered first aid until back-up officers and emergency medical personnel arrived.

VALOR AWARD



Officer
George Obiedzinski

On the morning of Tuesday, January 19, 2010 while on routine patrol on South Bridge Street at approximately 0934 hours, Officer Obiedzinski's attention was drawn to a green, two door Dodge that was traveling south on South Bridge Street.

The operator of the vehicle sounded his horn several times in quick succession as he passed Officer Obiedzinski. Believing that the driver of the green Dodge was attempting to get his attention and was in need of assistance, Officer Obiedzinski followed the vehicle as vehicle as it turned onto Holly Glen Road.

Upon pulling next to the vehicle on Holly Glen, Officer Obiedzinski encountered the actor who was standing outside his vehicle yelling obscenities at Officer Obiedzinski. Also visible inside the vehicle was a large axe. Realizing that he was not dealing with a citizen in need of assistance, Officer Obiedzinski activated his emergency lights and positioned his patrol car behind the suspect's vehicle. He then exited his patrol car and ordered the actor to return to his vehicle. The actor returned to his vehicle, not to comply with the officer's commands, but to arm himself with a long handled axe and sledge hammer, carrying one in each hand.

As he advanced towards Officer Obiedzinski, Officer Obiedzinski gave him verbal commands to stop and drop the weapons, to which the suspect responded "Do what you gotta do". At this time Officer Obiedzinski drew his weapon and took a position of cover behind his patrol car. The subject, who was now yelling, proceeded to smash out the driver's side rear door window and windshield. After smashing the windshield he advanced on Officer Obiedzinski, who while in fear for his life, discharged his service weapon twice, striking him and ending the threat. Once he was under control, Officer Obiedzinski attempted to call for paramedics to treat his injuries.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only



All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization The 200 Club of Somerset County	Employer identification number 22-2588956
	Number, street, and room or suite number. If a P O box, see instructions P.O. Box 477	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Somerville, NJ 08876	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► The Treasurer

Telephone No ► 908-722-6400 FAX No ►



- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 6/15, 20 12, to file the exempt organization return for the organization named above

The extension is for the organization's return for

- calendar year 20 or
- tax year beginning 11/01, 20 10, and ending 10/31, 20 11

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization The 200 Club of Somerset County	Employer identification number 22-2588956
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P O box, see instructions Gillen & Johnson, P.A. 182 W. High St. - P.O. Box 477	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Somerville, NJ 08876	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

4 I request an additional 3-month extension of time until 9/15, 20 12
5 For calendar year , or other tax year beginning 11/01, 20 10, and ending 10/31, 20 11
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ➤

Title ►

Date ►

BAA

EIE205021 11/15/10

Form 8868 (Rev. 1-2011)