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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
MILFORD POLICE BENEVOLENT ASSOCIATION INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
430 BOSTON POST ROAD

City or town, state or country, and ZIP + 4
MILFORD, CT 06460

D Employer identification number
06-6046954

E Telephone number
203-878-6551

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.MILFORDPBA.COM

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

J Tax-exempt status (check only one) — [X] 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 56,161.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			15,977.
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			25,251.
	4	Investment income			494.
	5a	Gross amount from sale of assets other than inventory STMT 2	5a 7,000.		
	b	Less: cost or other basis and sales expenses	5b 7,000.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a 3,988.		
	b	Less: cost of goods sold	7b 5,043.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<1,055.>
	8	Other revenue (describe ▶ OTHER INCOME)		8	3,451.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	44,118.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	9,790.
	12	Salaries, other compensation, and employee benefits		12	3,300.
	13	Professional fees and other payments to independent contractors		13	495.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	45.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	40,607.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	54,237.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<10,119.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	97,276.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		20	17,084.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	104,241.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	98,726.	22	104,123.
23	Land and buildings		23	
24	Other assets (describe ▶ OVERPAYMENT-CREDIT CARD)	0.	24	118.
25	**Total assets**	98,726.	25	104,241.
26	Total liabilities (describe ▶ CREDIT CARD PAYABLE)	1,450.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	97,276.	27	104,241.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 PROVIDE SICK BENEFITS TO MEMBERS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 HONOR RETIRING MEMBERS OF POLICE DEPARTMENT, SOCIAL ACTIVITIES FOR CURRENT MEMBERS AND CHRISTMAS GIFTS TO MEMBERS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 DONATIONS TO NUMEROUS LOCAL CHARITABLE ORGANIZATIONS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANTONIO VITTI, 430 BOSTON POST ROAD, MILFORD, CT 06460	PRESIDENT 5.00	600.	0.	0.
STEVE WYDRA, 430 BOSTON POST ROAD, MILFORD, CT 06460	VICE PRESIDENT 3.00	300.	0.	0.
STEVE AMBRISCO, 430 BOSTON POST ROAD, MILFORD, CT 06460	2ND VICE PRESIDENT 3.00	600.	0.	0.
ROBERT RIORDAN, 430 BOSTON POST ROAD, MILFORD, CT 06460	TREASURER 3.00	600.	0.	0.
DENNIS BRODERICK, 430 BOSTON POST ROAD, MILFORD, CT 06460	VICE PRESIDENT 3.00	600.	0.	0.
STEVE STAUROVSKY, 430 BOSTON POST ROAD, MILFORD, CT 06460	SECRETARY 3.00	600.	0.	0.

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ CT			
42a	The organization's books are in care of ▶ ROBERT RIORDAN Telephone no. ▶ 203-878-6551 Located at ▶ 430 BOSTON POST ROAD, MILFORD, CT ZIP + 4 ▶ 06460			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer — Date 11/10/10

▶ Robert E. Ricciardi Treas
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kenneth W Burgess CPA	Date 11/09/10	Check if self-employed ▶ [X]	Preparer's identifying number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SCHOFIELD, BURGESS & CO 266 BROAD STREET MILFORD, CT 06460			EIN ▶ Phone no. ▶ 203-874-1675

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PHONE SOLICITATIONS	13,450.
RETIREMENT EXPENSES	6,820.
CHARITABLE DONATIONS	4,310.
MEETING COSTS	2,925.
WIDOWS' CHRISTMAS	2,400.
CHRISTMAS LUNCHEON	1,337.
INSTALLATION DINNER	1,022.
DUES-PAC	1,204.
WEBSITE	494.
BANK SERVICE CHARGES	396.
OFFICE EXPENSES	1,797.
SUNDRY	4,452.
TOTAL TO FORM 990-EZ, LINE 16	40,607.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PRINCIPAL LIFE INC F CLD-REDEMPTION	7,000.	7,000.	0.	0.
TO FORM 990-EZ, LINE 5	7,000.	7,000.	0.	0.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT GAIN (LOSS)	17,084.
TOTAL TO FORM 990-EZ, LINE 20	17,084.

FORM 990-EZ INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A STATEMENT 4

INCOME		
1. GROSS RECEIPTS	3,988	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		3,988
4. COST OF GOODS SOLD (LINE 13)	5,043	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<1,055>
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	5,043	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		5,043
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		5,043

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO PROMOTE AND PROTECT THE WELFARE OF ALL MEMBERS OF THE MILFORD, CONNECTICUT POLICE DEPARTMENT AND THEIR FAMILIES, AS WELL AS ALL RETIRED MEMBERS AND THEIR FAMILIES.

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

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	Employer identification number
File by the extended due date for filing the return. See instructions.	MILFORD POLICE BENEVOLENT ASSOCIATION INC	06-6046954
	Number, street, and room or suite no. If a P.O. box, see instructions. 430 BOSTON POST ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILFORD, CT 06460	

Check type of return to be filed (File a separate application for each return):

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

ROBERT RIORDAN

- The books are in the care of ▶ 430 BOSTON POST ROAD - MILFORD, CT 06460
  Telephone No. ▶ 203-878-6551 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.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year 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
INFORMATION REQUIRED FOR THE PREPARATION OF A TIMELY AND ACCURATE RETURN IS IN THE PROCESS OF BEING ACCUMULATED.

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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

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 ▶ Kenneth W. B Title ▶ CPA Date ▶ 8-4-10

923832
05-28-09