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#### SARAPBA 04/15/2010 2 38 PM

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009

Open to Public Inspection

	For the 2009 c Check if applicable	alendar year, or tax year beginning , and ending  Please C Name of organization SARATOGA SPRINGS POLICE PROTECTIVE use IRS		D Employer id	entification number
	Address change	label or & BENEVOLENT ASSOCIATION		22 24	26162
	Name change	print or Doing Business As	5	22-249	
	Initial return	type   Number and street (or P O box if mail is not delivered to street address) See   PO BOX 146	Room/suite	E Telephone nu	ımber
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipts \$	115,444
	Amended return	tions SARATOGA SPRINGS NY 12866			•
$\Box$	Application pending	F Name and address of principal officer		H(a) Is this a group	return for
	, , , , , , , , , , , , , , , , , , ,			affiliates?	Yes X No
				H(b) Are all affiliates included?	Yes No
_				If "No," attach	a list (see instructions)
	Tax-exempt stat				
	Website:			H(c) Group exempti	
	Type of organization	n X Corporation Trust Association Other ► L Y	ear of formation	M Sta	ite of legal domicile
		describe the organization's mission or most significant activities		<del></del>	<del></del>
		PROVIDE COMMUNITY SUPPORT			
၁၂		INOVIDE COMMONITI BOTTONI			
nan					
/eri					
Activities & Governance		his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1	
•6		r of voting members of the governing body (Part VI, line 1a)		3	
ties		r of independent voting members of the governing body (Part VI, line 1b)		4	
Ęį		ımber of employees (Part V, line 2a)		5	
AÇ.		imber of volunteers (estimate if necessary)		6	
	_	oss unrelated business revenue from Part VIII, column (C), line 12		7a	
	<b>b</b> Net unre	elated business taxable income from Form 990-T, line 34	D V	7b	0
	9 Contribu	Prior Year	,495	Current Year 32,875	
e e	8 Contribu 9 Progran		,612	84,541	
Revenue	10 Investm		139	73	
å	10 investm	ent income (Part VIII, doubling 5 5 6d, 8c, 9c (195) and 11e)	2	,203	-2,045
	TT Office To	evenue (Part VIII, column <del>(A), lines</del> 5, 6d, 8c, 9c, 185) and 11e) venue – add lines 8 through 11 (must edual Part VIII) column (A), line 12)			115,444
	12 Total re	and similar amounte paid (Parl IX, column (A), line (3)	-	<u> </u>	
		s paid to or for members (Part IX, column (A) line 4)	10	,033	10,445
		s, other compensation, enit week departis (Part X-column (A), lines 5–10)		<del></del>	
ses		ional fundraising fees (Part-IX, column (A), line 11e)		·	
xpenses		ndraising expenses (Part IX, column (D), line 25) ▶	<del></del>		· · · · · · · · · · · · · · · · · · ·
EX		expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	105	,218	93,325
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	<del></del>	,273	103,770
		e less expenses_Subtract line 18 from line 12		,230	11,674
- <u>-                                  </u>	13 Revenu	e less expenses_Subtract line to nom line 12	Beginning of Curre		End of Year
\$2 E	20 Total as	sets (Part X, line 16)	<del> </del>	,726	88,845
ONNVOO		bilities (Part X, line 26)		,062	20,062
≥ and		ets or fund balances Subtract line 21 from line 20	46	,664	68,783
<b>圣</b> P:		ignature Block			
<u>Z</u>		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	f statements, and to	the best of my kn	owledge
		nd belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information			
Sia	n 🖡	- Aller S		1 4/15/	200
Her	e	Signature of officer		Date	
=	<u> </u>	TRAVIS CARTER TREASU	JRER		
<del></del> >		Type or print name and title		-	
∞ <u> </u>		Date	Check if		parer's identifying number
Pai	d   Pr	gnature USUS 04/15	. self-		e instructions) 00061286
<b>≓</b> Pre	parer's	ARMAND U. GAROFALO TAX & BUS. SVO		<del> </del>	14-1809618
Use		rm's name (or yours	1110.	<del> </del>	11-1003010
		ddress, and ZIP + 4 CLIFTON PARK, NY 12065-1226		Phone 51	8-877-8088
Mari		ss this return with the preparer shown above? (see instructions)		no ▶ 31	
		nd Paperwork Reduction Act Notice, see the separate instructions			Yes No Form 990 (2009)
DAA	vuoy Act a	apartion readelies rectioned and apparate histractions			FOITH 330 (2009)

DAA

22-2496163

Form 990 (2009)

Pa	art 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		х
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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-		
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	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			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		1	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		1	
_	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 487 If "Yes," complete Schedule D, Part X		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		]	
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, Part I	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, Part II	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, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000	(0000)

### Form 990 (2009) SARATOGA SPRINGS POLICE PROTECTIVE

Pa	art 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	İ		
	United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22	Х	
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	1		
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		- 1	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
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		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		ŀ	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			17
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		İ	v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		Ī	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		х
20	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	$\rightarrow$	
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		<u> </u>
·	family member) 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	T I	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		İ	
	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 7701-32 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)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
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		
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		<u> </u>
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		<u> </u>

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance			-	
		•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
		a			
b		b	ĺ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	e	. 1		v
_	gaming (gambling) winnings to prize winners?	1	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1	
	, , ,	a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
٥.	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		20		x
_	this return?		3a 3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	tv.	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authoriover, a financial account in a foreign country (such as a bank account, securities account, or other financial	iy Į	ĺ		
			4a		x
h	account)?  If "Yes," enter the name of the foreign country ▶		40		
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		l		
	and Financial Accounts		i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding				
-	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ì			
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b_		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	,	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1			
	benefit contract?	}	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	}	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		.7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?	1	7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.			j	
a	Did the organization make any taxable distributions under section 4966?		9a 9b		
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?		30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	oa İ		1	
a b	· · · · · · · · · · · · · · · · · · ·	0b			
ь 11	Section 501(c)(12) organizations. Enter				
a		<sub>1a</sub>		-	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		12a	1	
b	1	2ь]			
_					

Form 990 (2009) SARATOGA SPRINGS POLICE PROTECTIVE 22-2496163 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body 1a 1b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 A Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a Х Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? а 8a 8ь Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? 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 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X form? 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 SARATOGA SPRINGS POLICE PROTECIVE & P.O. BOX 146 organization >

SARATOGA SPRINGS

NY 12866

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

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. Use Schedule J-2 if additional space is needed.
- 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 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

(A) Name and Title	(B) Average hours per			chec	C) k all t	hat a	oply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
EDWARD LEWIS								0	0	
VICE PRES KEITH PELLEGRI		╂	_	<u> </u>				U	0	
SECRETARY	1							o	0	
JOE CAREY	<del>                                     </del>	┼─				-		U		
PRESIDENT								o	0	(
TRAVIS CARTER		+	$\vdash$			$\vdash$				
TREASURER								o	0	(
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Form 990 (2009) SARAT								TIVE 22-249 Highest Compensated E		Page
(A) Name and Title	(B) Average			(chec	C)	hat ap	ply)	(D) Reportable	(E) Reportable compensation	(F) Estimated
,	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
				-						
			-		_					
			-	_						
		-		ļ						
										-
			-							<u></u>
										-
			to th	nose	liste		ve) v	who received more than \$1	00,000 in	
employee on line 1a? 4 For any individual liste the organization and reindividual 5 Did any person listed services rendered to the	st any former officer, of If "Yes," complete Sched on line 1a, is the sur related organizations gr on line 1a receive or a the organization? If "Ye	lirector edule J n of rep reater the	or tru for s portal nan \$	such ole co 150, ensa	indiv ompe 0007	idual ensati lf "Y	ion a es,"	e, or highest compensated and other compensation from complete Schedule J for sum in related organization for the person	m Ich 	3 2 3 4 2 5 5 2
1 Complete this table fo compensation from the	r your five highest com	pensal	ed ın	depe	nder	nt cor	ntrac	tors that received more tha	n \$100,000 of	
	(A) Name and business address							Descrip	(B) tion of services	(C) Compensation
•	pendent contractors (in					to th	ose	listed above) who received		0

Pa	Part VIII Statement of Revenue									
		·····					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							70.617070.700	exempt function	business revenue	excluded from tax under sections
				······				revenue		512, 513, or 514
ats to	1a	Federated can	npaigns	1a						
grai	b	Membership d	ues	1b						
ar ts	С	Fundraising ev	ents	1c						
Contributions, gifts, grants and other similar amounts	d	Related organi	zations	1d						
Sim	е	Government grants	(contributions)	1e						
le ti	f	All other contribution		•						
문항		and similar amounts		1f		32,875				
and	9		ns included in lines 1a-	lf S	\$		20.075			
$\rightarrow$	<u>h</u>	Total. Add line	s 1a-1f			<u> </u>	32,875		<del></del>	
Ē	_					Busn. Code	42 616	42,616		
eve	2a	DUES				<b></b>	42,616 13,885	13,885		
92	þ	RANGE R					13,500	13,500		
اکّز	C	INSSURA					12,000	12,000		
S I	d		CITY EYE CARE PROGRAM				1,000	1,000		
Jran	_	e WEIGHT EQUIPMENT INCOME  f All other program service revenue				1,540	1,540	<del></del>		
Program Service Revenue		. •		iue		<b></b>	84,541	1,540	<del></del>	
$\dashv$		Total. Add line	ome (including d	nudond	s interest		01,311		······································	-
	3	other similar a	· · · · · ·	Midelio	15, IIIICICS	i, and	73	73		
	4		ivestment of tax-	evemn	t hond nro	reeds			<del></del>	<del></del>
	5	Royalties	ivestifient of tax	CACIIIP	t bond pro	,00000				
	•	rioyanics	(ı) Real		(II) P	ersonal			***************************************	
	6a	Gross Rents	<del></del>							
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)	•		▶				
	7a	Gross amount from	(i) Securities	3	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			<b>•</b>				
o.	8a	Gross income fro	om fundraising even	ıts						
Ď		(not including \$								
eve		of contributions r	eported on line 1c)							
Other Revenue		See Part IV, line		a						
Ě		Less direct ex		b						
٦			(loss) from fundr		events	<b>&gt;</b>				-
İ	9a		om gaming activities		-	-	<i>,</i>	·	······································	
		See Part IV, line		а						
		Less direct ex		þ					<u></u>	
			(loss) from gamı	ng acti آ	vities	<b>P</b>				
	10a		inventory, less							
		returns and all		a b						
		Less cost of g		(	nton.		•			
	c		(loss) from sales ellaneous Revenue		эпогу	Busn Code				
	11a	CHRISTMAS					-2,045	-2,045		
	11a b	CHRISIMAS	, tunii				2,013	2,013	<del></del>	
	C C					-				
	d	All other reven	ue							
	e	Total. Add line				<b></b>	-2,045			
	12		e. See instruction	าร		<b>•</b>	115,444	82,569	0	0

Form 990 (2009)

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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			į	
	the U S See Part IV, line 22	10,445	10,445		
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,				
e	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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)				
а	Management				
b	Legal	21,501		21,501	
С	Accounting	600		600	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,646		1,646	
13	Office expenses	707		707	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			. =	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,919		2,919	
19	Conferences, conventions, and meetings	1,231		1,231	
20 21	Interest Payments to affiliates	1,231		1,231	
21 22	Depreciation, depletion, and amortization				
23	Insurance			<del></del>	<u> </u>
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	<u> </u>			
а	EYE CARE PLAN	14,991		14,991	
b	RANGE IMPROVEMENTS	14,890		14,890	
С	REAL ESTATE TAXES	11,498		11,498	
đ	UTILITIES - RANGE	8,516		8,516	
е	RANGE INSURANCE	3,935		3,935	<del></del>
	All other expenses	10,891		10,891	
25	Total functional expenses. Add lines 1 through 24f	103,770	10,445	93,325	
26	Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u> </u>		l	Form <b>990</b> (2009)
					(2000)

	art X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			69,726	1	87,845
	2	Savings and temporary cash investments		_		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		_		4	
	5	Receivables from current and former officers, directors, t	rustees, key	-		F	
		employees, and highest compensated employees. Comp					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Complete	,			
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or	1 1				
		other basis Complete Part VI of Schedule D	10a	169,000			
	Ь	Less accumulated depreciation	10b	168,000	1,000	10c	1,000
	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	<u> </u>	70,726	16	88,845	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustee		ļ-		<del></del> -	<del></del>
Ξ		employees, highest compensated employees, and disqua	•				
ia]		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	narties			23	
	24	Unsecured notes and loans payable to unrelated third pa	•	<u> </u>		24	
	25	Other liabilities Complete Part X of Schedule D	11100	-	24,062	25	20,062
	26	Total liabilities. Add lines 17 through 25		-	24,062	26	20,062
5		Organizations that follow SFAS 117, check here ▶	K and		20,000		
ö		complete lines 27 through 29, and lines 33 and 34	- una				
an	27	Unrestricted net assets			37,540	27	58,338
3al	28	Temporarily restricted net assets			3,7310	28	
D E	29	Permanently restricted net assets				29	
un I	25	Organizations that do not follow SFAS 117, check he	ro <b>b</b> [] -				· · · · · · · · · · · · · · · · · · ·
ij		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
ets	30		fund	F		31	
SS	31	Paid-in or capital surplus, or land, building, or equipment		-	_	32	
A	32	Retained earnings, endowment, accumulated income, or	omer lunds	<del> -</del>	37,540	33	58,338
	33	Total net assets or fund balances		<u> </u>	61,602	34	78,400

Form **990** (2009)

Form	990 (2009) SARATOGA SPRINGS POLICE PROTECTIVE 22-2496163		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		:	É
	Schedule O			Ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		i	Ė
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both			É
	Separate basis Consolidated basis Both consolidated and separate basis		1	Ė
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?	3a		
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	3b		L
		Form	990	(2009)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	of the organization	Employe	mployer identification number		
	ARATOGA SPRINGS POLICE PROTECTIVE BENEVOLENT ASSOCIATION		22-2	496163	
	art I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or Ad			
	the organization answered "Yes" to Form 990, P	art IV, line 6.			
		(a) Donor advised funds	(b	) Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)		-		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the				
_	funds are the organization's property, subject to the organization's exclus	-		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in wi				
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		□ v <sub>==</sub> □ v <sub>=</sub>	
- D-	purpose conferring impermissible private benefit?  Int II Conservation Easements. Complete if the orga	nization answered "Ves" to Form	aan P	Yes No	
1	Purpose(s) of conservation easements held by the organization (check al		330, 1	art iv, mic i	
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	d area	
	Protection of natural habitat	Preservation of certified historic str		a area	
	Preservation of open space	reservation of sertimes metants at	uota. o		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservati	on		
	easement on the last day of the tax year				
				Held at the End of the Tax Year	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06	2d			
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization o	during		
	the taxable year ▶				
4	Number of states where property subject to conservation easement is loc	ated ▶			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		п, п.	
_	violations, and enforcement of the conservation easements it holds?	A consider the constitution of		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year			
•	S	dervation casements daring the year			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section			
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	·		Yes No	
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, a	nd		
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descri	bes		
	the organization's accounting for conservation easements			<del> </del>	
Pa	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		ımılar A	Assets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of		
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic servic	e,	
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items			
b	If the organization elected, as permitted under SFAS 116, to report in its r				
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,		
	provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		•	` *	
	(ii) Assets included in Form 990, Part X			. , ,	
2	If the organization received or held works of art, historical treasures, or ot		the		
	following amounts required to be reported under SFAS 116 relating to the	se items		•	
a	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	` <b>`</b>	
b	Assets included in Form 990, Part X		•	`	
F	Privacy Act and Panerwork Reduction Act Notice, see the Instructions	for Form 990		Schedule D (Form 990) 2009	

	PRINGS POLI			196163	Page 2				
Part III Organizations Maintaining					(continued)				
3 Using the organization's acquisition, accession, collection items (check all that apply)	and other records, che-	ck any of the following t	that are a significant	use of its					
a Public exhibition	<b>d</b> Loai	n or exchange program	ıs						
b Scholarly research	e 🗌 Othe	er							
c Preservation for future generations									
Provide a description of the organization's collect Part XIV	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No								
Part IV Escrow and Custodial Arrai	ngements. Compl	ete if the organiza		"Yes" to Form 9	90, Part				
1a Is the organization an agent, trustee, custodian			assets not						
included on Form 990, Part X?	or other intermediary to		4550.0 1101		Yes No				
b If "Yes," explain the arrangement in Part XIV and	d complete the following	ı table							
b ii 100, explain iile arrangement iii i att xit air	a complete the lone	, 100.0			Amount				
c Beginning balance				1c	· · · · · · · · · · · · · · · · · · ·				
d Additions during the year				1d					
e Distributions during the year				1e	··				
f Ending balance				1f					
2a Did the organization include an amount on Form	990 Part X line 212			L. **, . L.	Yes No				
b If "Yes," explain the arrangement in Part XIV	. 000, 1 0.07, 1.110 21				163 NO				
Part V Endowment Funds. Comple	te if organization a	answered "Yes" to	Form 990, Pai	t IV, line 10.					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains,					1				
and losses									
d Grants or scholarships				<b></b>	<b></b>				
e Other expenditures for facilities					<del> </del>				
and programs									
f Administrative expenses									
g End of year balance	-	-		·					
2 Provide the estimated percentage of the year er	d halanco hold as			1	1				
a Board designated or quasi-endowment ▶	%								
b Permanent endowment > %									
c Term endowment  %	on of the organization th	at are hold and admini	starad for the						
3a Are there endowment funds not in the possession	on of the organization th	at are ricid and admini.	stered for the		Yes No				
organization by					3a(i) 3a(i)				
(i) unrelated organizations					3a(ii)				
(ii) related organizations	tod on required on Cabi	ndulo P2			3b				
b If "Yes" to 3a(ii), are the related organizations lis Describe in Part XIV the intended uses of the or					30				
			Part X line 10	<u> </u>					
Part VI Investments—Land, Buildin  Description of investment	(a) Cost or other basis			cumulated	(d) Book value				
Description of investment	(investment)	basis (other)	I ' '	reciation	(4) 555 (5.155				
4e Lond			,000	<del></del>	1,000				
1a Land			, , , , ,		2,000				
b Buildings	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del></del>				
c Leasehold improvements		<del>-  </del>							
d Equipment	·	168	,000	168,000					
e Other  Total, Add lines 1a through 1e (Column (d) must equi	al Form 990, Part X, col		, , , , ,		1,000				

Schedule D (Form 990) 2009

Part VII	Investments—Other Securities. See Form	1 990	, Part X, line 12.	,	
	(a) Description of security or category		(b) Book value	(c) Method	
•	(including name of security)			Cost or end-of-ye	ear market value
Financial deriva	tives				
Closely-held equ	uity interests				
Other		_		_	
					-
		_			
		_			
					· · · · · · · · · · · · · · · · · · ·
<del>-</del>					
Total (Column	(b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>			
Part VIII	Investments—Program Related. See Form		Part Y line 13	<u></u>	
Fatt Aill	(a) Description of investment type	11 330	(b) Book value	(c) Mothod	of valuation
	(a) Description of investment type		(b) book value	(c) Method of Cost or end-of-year	
			· - · · · · · · · · · · · · · · · · · ·	Oust of cha-of-ye	ai market value
					<del></del>
<del> </del>	· · · · · · · · · · · · · · · · · · ·				
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line 1	15.			
	(a) Description	on			(b) Book value
				•	
				<del></del>	
		-			
Total (Column)	(b) must equal Form 990, Part X, col (B) line 15)			<b>&gt;</b>	
	Other Liabilities. See Form 990, Part X, lir	ne 25	<del> </del>		l
1	(a) Description of liability		(b) Amount		· · · · · · · · · · · · · · · · · · ·
Federal income					
MORTGAG			20,062		
- MORT ON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20,002		
			<u> </u>		
			<u> </u>		
			<del></del>		
			<del> </del>		
···_ · -					
	(b) must equal Form 990, Part X, col (B) line 25)		20,062		
2. FIN 48 Foot	note. In Part XIV, provide the text of the footnote to the or	rganıza	ation's financial statements	that reports the	
organization's lia	ability for uncertain tax positions under FIN 48				

SARATOGA SPRINGS POLICE PROTECTIVE

22-2496163

Page 3

Sche	dule D (Form 990) 2009 SARATOGA SPRINGS POLICE PROTI			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	·
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	·
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	<u> </u>
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	. <del></del>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return	<del> </del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	s 2d and 4b Also complete		
hıs p	art to provide any additional information	-		_
		. <b></b>		
				<del>-</del>
		. <b>_ _ _ _ _ _ _ _</b>		
_				_
<b>-</b> -	- <b></b>	<del></del>		<del></del>
	<b> </b>	<b>_</b>		

Sche	dul	e D	(Fo	<u>rm</u> 9	90)	2009	9	SZ	ARZ	AT'(	OG2	A S	SPI	IIN	GS	P	$^{177}$	CE	P	RO'	rec	TI	LVE	<u>.                                    </u>	22	-2	496	<u>) T (</u>	<u> 3                                   </u>						Page <b>5</b>
Sche	art	X۱	<b>V</b>	Su	qqı	lem	en	tal	Info	rm	atio	on (	(cor	ntinu	ied	)						_													
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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SARATOGA SPRINGS POLICE PROTECTIVE

& BENEVOLENT ASSOCIATION

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 22-2496163

Part	General Information on Grants and Assistance	Assistance							
1 Does the so	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?	amount of the gran	ts or assist	ance, the grantees' eli	gibility for the grants or a	assistance, and		Yes	² ×
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	oring the use of gra	nt 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 Use	vernments and cipient that reci	I Organizeived mo	zations in the Unore than \$5,000	ited States. Comp Check this box if n	olete of the orga	anization answer	red "Yes" to than \$5,000 Use	İ
	Part IV and Schedule I-1 (Form 990) if additional space is needed	if additional sp	ace is ne	seded					▲
-	(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	<del>1</del>
					:				
				E					
2 Ente	Enter total number of section 501(c)(3) and government organizations	ganizations						•	

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 DAA

3 Enter total number of other organizations

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Schedule I (Form 990) 2009 SARA Part III Grants and Other	TOGA SPR Assistance	SARATOGA SPRINGS POLICE PROTECTIVE I Other Assistance to Individuals in the United States	ROTECTIVE 2.	22-2496163 mplete if the organizat	n 990) 2009 SARATOGA SPRINGS POLICE PROTECTIVE 22-2496163 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	Page 2 1 990, Part IV, line 22	•
Use Part IV and S	chedule 1-1	Use Part IV and Schedule I-1 (Form 990) it additional space is needed	al space is needed				,
(a) Type of grant or assistance	nce	(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	
							. <b>-</b>
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Part IV Supplemental Inf	ormation C	omplete this part to pr	rovide the information	required in Part 1	Supplemental Information Complete this part to provide the information required in Part I line 2, and any other additional information	laformation	
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Schedule I (Form 990) 2009

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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization

SARATOGA SPRINGS POLICE PROTECTIVE & BENEVOLENT ASSOCIATION

Employer identification number

22-2496163

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS TO PROMOTE SAFTY EDUCATION TO THE COMMUNITY. TO PROMOTE GOOD RELATIONS BETWEEN THE POLICE DEPARTMENT AND COMMUNITY IN WHICH THEY SERVE.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

			Special E	Events S	chedu	le			
Form 99	90		-						2009
		For calendar year 2009, or ta	ix year beginning			, and e	nding		
Vame •								Employer lo	entification Number
		INGS POLICE PRO	TECTIVE						
& BENEY	VOLENT	ASSOCIATION						22-249	
		(A)	(B)	•	(C)	•	Others	^	Total
Gross receipt		4,625		<u> </u>		<u> </u>			4,625
Less contrib		4,625		0	<del></del>	0 _		0	4,625
Gross revenu		0		0		0 _	· · · · · · · · · · · · · · · · · · ·	0 _	
Less direct	-	2,045		0				0 -	2,045
Net income (li	oss)			0		<u> </u>		<u> </u>	-2,045
	(B) (C) Others								
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