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DLN: 93492315003160

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Short Form 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)

▶ 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.

Open to Public Inspection

		0.0011100		organization may have to use a copy of this	·		rements		
			, o	r tax year beginning 01-01-2009	, and ending 12				
_	Address shappe Please BEDFORD POLICE OFFICERS' ASSOCIATION			υ Emplo	yer identi	fication number			
_	aaress o ame ch	use I		Number and street (or P O box, if mail is no	t dalward to street -	addrace) Boom/suits		01535	
_	nitial ret	print		2 MUDGE WAY	i delivered to street a	iduress) Room/ Suite	Ŀ Teleph	one numbe	r
_	ermınat	red See	_					(781) 275	-1212
\Box A	mended	return Speci						Exemption	
Га	pplicatio	on pending tions		BEDIOND, MA 01730			Numbe		
→ Se	ection			ons and 4947(a)(1) nonexempt charita completed Schedule A (Form 990 or 990-		G Accounting met Other (specify)		Cash	Accrual
		:• WA				H Check ► V	ıfthe	organizati	on
				ne)— 501(c) (5) ◄(insert no) 4947(a		is not required			
		_							Z, or 990-PF)
		-		is not a section 509(a)(3) supporting or m 990 return is not required, but if the oi	-	•		•	
				determine gross receipts, if \$500,000 or more, file			▶ \$		7,621
Pa	art I	Revenue, Ex	эe	nses, and Changes in Net Asset	s or Fund Bal	ances (See the ins	tructio	ns for Pa	rt I)
	1	Contributions, gift	s, ç	grants, and similar amounts received				1	
	2	Program service r	2 V E	enue including government fees and conti	racts			2	
	3	Membership dues	an	d assessments				3	7,620
	4	Investment incom	е				.	4	
	5a	Gross amount fror	าร	ale of assets other than inventory .		5a			
<u>o</u>	ь	Less cost or othe	r b	asıs and sales expenses		5b			
Ę	c	Gain or (loss) from	Sa	ale of assets other than inventory (Subtra	act line 5b from lii	ne 5a)		5c	
Revenue	6			ctivities (complete applicable parts of Sc			ning,		
	a	Gross revenue (no	t ır	ncluding \$ of contributions					
	"	reported on line 1)				_{6a}			
	ь	·		s other than fundraising expenses .		6b			
	_	·		from special events and activities (Subtr	ract line 6h from l			6-	
	c				act line ob nom n	1 1	•	6c	
	7a			cory, less returns and allowances .		7a			
	b	Less cost of good				7b			
	C	·		from sales of inventory (Subtract line 7b	from line /a)		•	7c	
	8	Other revenue (de					—)	8	1
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8		<u> ►</u>		9	7,621
	10	Grants and similar	ar	nounts paid (attach schedule) 🕏 🛛 .				10	6,300
	11	Benefits paid to or	fo	members				11	2,604
	12	Salaries, other coi	np	ensation, and employee benefits			. [12	4,498
o o	13	Professional fees	anc	dother payments to independent contrac	tors			13	3,944
Expenses	14	Occupancy, rent,	ıtıl	ities, and maintenance			. [14	
EX.	15	Printing, publication	ns	, postage, and shipping			Γ	15	
-	16	Other expenses (c	es	cribe 🏲 😇			,	16	182
	17						·	17	17,528
90	18	Excess or (deficit)	fo	r the year (Subtract line 17 from line 9)				18	-9,907
NetAssets	19			alances at beginning of year (from line 27	, column (A)) (mı	ıst agree with	F		
t A 5				ported on prior year's return)				19	73,847
Ž	20			assets or fund balances (attach explana	ition)			20	<u> </u>
	21	-		alances at end of year Combine lines 18	•	•	F	21	63,940
Рa	rt III			:—If Total assets on line 25, column (B)		or more file Form 99) () (ne t		
	T T	Dalance Shee		2. Total assets on fine 25, column (b)	<u> </u>				
		(Se	e t	he instructions for Part II)	(/	A) Beginning of year		(B) En	d of year
22	Cash,	, savings, and inves	tm	ents	[73,84	47 22		62,120
23	Land	and buildings .			$ abla$		23		
24	Other	r assets (describe 🖡	2])		0 24		1,820
		assets				73,84	47 25		63,940
26	Total	liabilities (describe	Þ)		0 26		0
27	Net a	ssets or fund halan	.ee	(line 27 of column (B) must agree with li	ne 21)	77.84	47 27		63 940

What is the organization's primary exempt in THE PURPOSE OF THIS ORGANIZATION MEMBERS OF THE BEDFORD POLICE DE Describe what was achieved in carrying out describe the services provided, the number program title	purpose? IS TO PROTECT THE GE PARTMENT the organization's exempt	NERAL WELFARE OF The second se	THE REGULAR	(c)(orga 494	Expenses quired for section 501 3) and 501(c)(4) anizations and section 7(a)(1) trusts, onal for others)
28 PROVIDING LEGAL REPRESENTATION LEGAL DEFENSE OF MEMBERS, INCLUDI (Grants \$ 0)		1PA DEFENSE FUND		28a	7,102
29 PROVIDE SUPPORT TO CHARITABLE (Grants \$ 0) If this	ORGANIZATIONS IN TH s amount includes foreign (•	29a	6,300
30					
31 O ther program services (attach schedul	s amount includes foreign (e)		<u>·· ▶ ┌</u> ·· ⊁ ┌	30a 31a	
32 Total program service expenses (add line	<u>-</u>			32	13,402
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	truction	s 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 employee benefit p deferred compens	lans &	(e) Expense account and other allowances

_				•
υ	а	а	_	
	а	ч	_	

Pa	rt 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		No
	List the states with which a copy of this return is filed 🕨 MA			
42a	The organization's books are in care of ▶ GARY G MARTIN JR TREASURER Telephone no	(78	1) 275-	1212
	2 MUDGE WAY Located at BEDFORD, MA ZIP + 4	▶ <u>0</u> :	1730	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1 62	No No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
4-	If "Yes," enter the name of the foreign country			
	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	• •	• •	▶ 1
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		No
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		N o
		orm 9	90-F7	(2009)

	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section 4	1947(a)(1) nonexem					stions
46	Did the	e organization engage in direct	or indirect political camp	aıgn actıvıtıes on behal	f of or in opp	osition to		Yes	No
	candid	ates for public office? If "Yes,"	complete Schedule C, Pa	art I			46		
47	Did the	e organization engage in lobbyir	ng activities? If "Yes," cc	omplete Schedule C, Pa	rt II		47		
48	Is the	organization a school described	d in section 170(b)(1)(A))(II)? If "Yes," complete s	Schedule E		48		
49a	Did the	e organızatıon make any transfe	rs to an exempt non-cha	rıtable related organıza	tion?		49a		
ь	If"Yes	s," was the related organization	a section 527 organizati	on?			49b		
		ete this table for the organization (in the second				•			
	Name a	and address of each employee i more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contemployee	tributions to benefit plans & compensation	(€	e) Exper ecount a er allowa	and
51	Compl	l number of other employees pa ete this table for the organization ipensation from the organization	on's five highest compens		ractors who	• • • • • • • • • • • • • •	►nore th	an \$10	0,000
	(-)	me and address of each indepei			(=) . /	e of service	(5)	ompen	
51(d) Tota	I number of other independent c		,				.6	
 Plea	se	I number of other independent of Under penalties of perjury, I declare that and belief, it is true, correct, and come signature of officer GARY G MARTIN JR TREASURER Type or print name and title	hat I have examıned thıs retur	n, including accompanying s		on of which prepare			
Plea Sign Here	se	Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer GARY G MARTIN JR TREASURER	hat I have examined this retur plete Declaration of preparer (n, including accompanying size than officer) is based than officer.	on all information 2010-: Date	on of which prepare	er has ar	y kńowk	
Plea Sign Here	se	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer GARY G MARTIN JR TREASURER Type or print name and title Preparer's signature Charles E Duran Jr CPA	hat I have examined this retur plete Declaration of preparer (Da uran CPAs PC	n, including accompanying size than officer) is based than officer.	on all information 2010-: Date Deck if	on of which prepare	er has ar ying nun	ny knowle	

Additional Data

Software ID: Software Version:

EIN: 22-3201535

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MARC SAUCIER 12 AUTUMN ROAD DRACUT, MA 01826	KEY EMPLOYEE 2 00	0	0	0
RICHARD VITALE 53 HARTWELL ROAD BEDFORD, MA 01730	SECRETARY 2 00	1,250	0	0
CHARLES HENCKLER 28 MARINEL AVENUE CHELMSFORD,MA 01824	PRESIDENT 2 00	250	0	0
GARY MARTIN 63 HARVARD STREET DEDHAM,MA 02026	TREASURER 2 00	1,250	0	0
JEFFREY FRENCH 377 CONCORD ROAD LEXINGTON, MA 02420	KEY EMPLOYEE 2 00	1,000	0	0
MICHAEL SULLIVAN 453 OLD BILLERICA ROAD BEDFORD, MA 01730	KEY EMPLOYEE 2 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

Item No.	1
Class of Activity	CHARITABLE
Donee's Name	BEDFORD CHARITABLE ORGANIZATIONS
Donee's Address	2 MUDGE WAY BEDFORD, MA 01730
Amount (FMV)	6,300
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

Description	Beginning of Year Amount	End of Year Amount
DUE FROM IRS	0	1,820

	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492315003160
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TY 2009 Other Expenses Schedule

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

Description	Amount
BANK SERVICE CHARGES	57
OTHER TAXES	125



TY 2009 Other Revenues Schedule

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

Description	Amount
INTEREST INCOME - MA BANK	1

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: BEDFORD POLICE OFFICERS' ASSOCIATION

EIN: 22-3201535

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.