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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

Open to Public

OMB No 1545-1150

Department of the Treasury

Inter	nai Reveni		<u> </u>		use a copy of this return to sati					Ispection
Α		1	dar year <u>,</u>	or tax year beginning	4/1/2009	, an	d ending		/31/2010	
В		f applicable	Please	C Name of organization				D Emp	loyer identi	fication number
Ш	Address	s change	use IRS	SOLITH KINGSTOWN	POLICE BENEVOLENT	_ ASSOCIAT	ION		23-7	585730
	Name c	hange	label or print or				Room/suite	F Tele	phone nu	
	Initial re	turn	type.	Number and street (or P O b	ox, if mail is not delivered to street add	ress)	Room/suite	_ ,0,0	phono na	
\Box	Termina	ated	See	POST OFFICE BOX 3	68				(401)	783-3321
Ħ	Amende	ed return	Specific	City, town, or country	State	ZIF	+ 4	F Gro	up Exemp	
H		tion pending	Instruc- tions.		RI	02	880-0368	Num		•
ب				WAKEFIELD			ī			0
•	Section	n 501(c)(3) o			empt charitable trusts mu	ist attacn	G Accounting	•		Cash Accrual
			а сотрі	eted Schedule A (Form S	190 OF 990-EZ).		Other (sp			
_							H Check ▶		-	
		e: ▶ <u>N/A</u>				 -				B (Form 990,
J	Tax-exer	npt status (che	eck only one)	⊢ X 501(c) (8) ⊲	(insert no) 4947(a)(1) o	r 527	990-EZ, c	or 990-P	r <i>)</i>	
	Check				3) supporting organization a					nan \$25,000
	A Form	990-EZ or Fo	orm 990 re	turn is not required, but if	the organization chooses to	file a return,	be sure to file a	a comple	ete return	
L	Add lines	5b, 6b, and 7t	o, to line 9 to	determine gross receipts, if \$	500,000 or more, file Form 990	instead of Form	990-EZ		▶\$	95,155
	art I				Net Assets or Fund			tructio	ns for P	art I)
	1			grants, and similar amo					1	48,665
	2		_	•	ment fees and contracts			Γ	2	<u> </u>
	3	•		nd assessments				Γ	3	23,410
	4	Investmen	•						4	1,507
	5a	Gross amo	ount from	sale of assets other tha	an inventory	5a		o		
	b			pasis and sales expens	•	5b		Ō	ľ	
	c			•	n inventory (Subtract line	e 5b from lin	e 5a)		5c	0
∠UII Revenue	6				Schedule G) If any amount is fi					
ē				including \$	0 of contribution					
₹ &	_	reported of	-	<u> </u>		6a	2	20,243	- 1	
76	ь	•		es other than fundraisir	a expenses	6b		1,958	-	
බ	C				nd activities (Subtract lin				6c	8,285
€	7a			ntory, less returns and a		7a	 • • • • • • • • • • • • • • • • • •	1,330	<u> </u>	0,200
2	b	Less cost				7b		1,181	·.]	
Z	C				y (Subtract line 7b from			-1,101	7c	149
	8	Other reve			y (Cabilact iii) o i b ii ciii			١ ، ١	8	0
	9		•	l lines 1, 2, 3, 4, 5c, 6c,	7c. and 8				9	82,016
2	10			amounts paid (attach so		RE	CEIVED		10	12,898
雾	11			or members	incuaio,			-, .\l	11	3,400
35 co	12			pensation, and employe	ee henefits	DEC DEC	8 9 0040	OSC	12	
700	۱ ۵۰			nd other payments to in		14 BER	13 2010		13	35,127
Expens	14			ilities, and maintenance		المستحدث		- S	14	
X	15		-	is, postage, and shippir		l OGE	DEN. UT	~ ~ }	15	
ш	16			escribe See Attache		-		==-{	16	25,313
	17	•	•	dd lines 10 through 16	- Otatomont			<u>'</u>	17	76,738
	18			or the year (Subtract lin	e 17 from line 9)				18	5,278
Net Assets	19				of year (from line 27, colu	ımn (A)) (mı	st agree with	<u> </u>		
SS	'3			eported on prior year's	-	(, (,) (e	ot agree war		19	88,102
Ţ.	20	-	_	et assets or fund balance				ŀ	20	00,102
Š	21				Combine lines 18 throu	igh 20	•	▶	21	93,380
	art II	Ralance	Shoote	If Total assets on line 3	25, column (B) are \$1,25	0 000 or mo	re file Form	990 insi		
	aitii	Dalatice		the instructions for Part		0,000 01 1110	(A) Begin			(B) End of year
22	Cach	ı, savıngs, a	•		" /		(A) Degiii	88,1		92,380
22		ı, savırıgs, a and buildin		mento	•			50, 1	23	32,300
23			-			1			0 24	0
24		r assets (de I assets	acine -			<i>'</i>		88,1		92,380
25			(describe	. .		1		JU, 1	0 26	92,300
26		l liabilities			(B) must agree with line	21)	<u> </u>	88,1		92,380
27	net a	issets or tu	ına balar	ices (line 27 of column	(B) must agree with line	<u> </u>	L	00,1	UZ ZI	5 . 000 57 (2222)

Pa	rt III Statement of Program Service Ace	compl	ishments (See the	instructions for P	art III)			Expenses	
Wha	it is the organization's primary exempt purpose?					,,,,,	•	ired for section	
	cribe what was achieved in carrying out the organi)(3) and 501(c)(4)	
	ner, describe the services provided, the number of						_	zations and section a)(1) trusts, optional	
	n program title	Perso	no bononica, ana om	or role tark illionia			for oth		
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	(Grants \$ 0) If this amou				<u> </u>	_	28a		0
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	(Grants \$ 0) If this amou	nt inclu	ides foreign grants, ch	eck here	▶ _	2	29a	(0
30									
						-		ı	
	(Grants \$ 0) If this amou	nt inclu	ides foreign grants, ch	eck here	▶ [۾ ا ٿ	30a	,	0
31	Other program services (attach schedule)		idea iaraigii granta, ar				,va		_
		nt inclu	ides foreign grants, ch	ock horo	- □	٦Ìؠ	ا ـ م	'	_
	·			ieck liele			31a		<u>0</u>
	Total program service expenses. (add lines 28a						32	·	0
Pa	rt IV List of Officers, Directors, Trustees, a								_
	(a) Name and address	(b) Title and average hours per week 	(c) Compensation (If not paid,	(d) Cont employee b			(e) Expense account and	
	(a) Name and address	[devoted to position	enter -0)	deferred c			other allowances	
DAN	ON BORELLI	Title	PRESIDENT						Τ
	KINGSTOWN ROAD WAKEFIELD RI 02879	Hr/WK	00	0	ŀ		ol	(0
	ES TIERNEY		VICE-PRESIDENT				Ť		_
:	KINGSTOWN ROAD WAKEFIELD RI 02879	Hr/WK	00	0	ļ		ol	(0
							씍		_
	JGLAS O'BRIEN	1	SECRETARY	_				_	_
	KINGSTOWN ROAD WAKEFIELD RI 02879	Hr/WK	00	0	ļ		0		0
	RK SGALIA	Title	TREASURER						
<u> 1790</u>	KINGSTOWN ROAD WAKEFIELD RI 02879	Hr/WK	00	0			0		0
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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 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 and 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? 35 Did the organization undergo alliquidation, dissolution, termination, or significant disposition of net assets during the yea? "If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		Cuter information (Note the statement requirements in the instructions for rare v)		Yes	No
description of each activity 3	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes." attach a detailed		1	
34			33		Х
steparted on Form 990-T, attach a statement explaining why the organization did not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T at Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(9) notice, reporting, and proxy tax requirements? b If "Yes," has it filled a tax return on Form 990-T for this year? Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(9) notice, reporting, and proxy tax requirements? b If "Yes," has it filled a tax return on Form 990-T for this year? 350	34				
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section \$033(e) notice, reporting, and proxy tax requirements? b if "Yes," has it filed a tax return on Form \$90.T for this year? Did the organization have go a liquidation, dissolution, termination, or significant disposition of net assets during the year? if "Yes," complete applicable parts of Schedule N Telepamount of political expenditures, direct or indirect, as described in the instructions ■ 37a 37b			34		X
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spiciotalip parts of Schedule N. 37 a 37 b 37 a 37 b 37 b 37 a 37 b					X
during the year? If "Yes," complete applicable parts of Schedule N 7 a Enter amount of political expenditures, direct or indirect, as described in the instructions 5 Did the organization life Form 1120-POL for this year? 38 a 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 penod covered by this return? 5 If "Yes," complete Schedule L, Part II and enter the total amount involved 5 Section 501(c)(7) organizations Enter 7 a Intitation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 6 A Section 501(c)(3) and solitic)(4) organizations Enter amount of tax imposed on the organization during the year under section 4911 5 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 5 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 6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rembursed by the organization 6 All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 5 Located at 7 Telephone no 6 All organizations books are in care of 7 MARK, SGALIA 7 Telephone no 8 Celton 501(c)(3) and 501(c)(4) organizations and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts in a foreign country 8 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Che	b		35b	<u> </u>	<u> </u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a b Did the organization file Form 1120-PQL for this year? 38 a 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 penod covered by this return? 38 b	36				
b Did the organization file Form 1120-POL for this year? 8 a 10 dit 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter amount of tax imposed on line 9 and a section 501(c)(8) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations before the organization engage in any section 4955 ≥ b Section 501(c)(3) and 501(c)(4) organizations before 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-E27 if "Yes," complete Schedule L, Part I 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 Al any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T List the states with which a copy of this return is filed ▶ 12 If the states with which a copy of this return is filed ▶ 24 The organization's books are in care of ▶ MARK SQALA Located at ▶ 1790 KINGSTOWN ROAD. City, WAKEFIELD. ST. RI. ZIP +4 ▶ 02880-6338. 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 ▶ See the instructions for exceptions and			36		_ X
38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? 38 b					- 5
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter a Inhitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \(^{12}\) section 4911 \(^{12}\) section 4912 \(^{12}\) section 4955 \(^{12}\) 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 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 1 List the states with which a copy of this return is filed 2 a The organization's books are in care of \(^{12}\) MARK SGALIA. Located at \(^{12}\) 1790 KINGSTOWN ROAD 2 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 \(^{12}\) 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? If "Yes," enter the name of the foreign country \(^{12}\) Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of t	38 a				
39 Section 501(c)(7) organizations Enter a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 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 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. Prior Yes," complete Form 8886-T Lust the states with which a copy of this return is filed 2 a The organization's 1"Yes," complete Form 8886-T Located at ► 1790 KINGSTOWN ROAD _ City, WAKEFIELD _ ST.RL _ ZIP + 4 D2880-0638 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. At any time during the calendar year, did the organization have an interest in or a signature or other authority or the rathority of the organization maintain an office outside of the U S? 42c X Yes No 42b X Yes No 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 44 Did the organization a con	_			-	<u> </u>
a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a 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 a ware 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 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 List the states with which a copy of this return is filed ▶ 42 a The organization's books are in care of ▶ MARK SGALIA Telephone no ▶ (401) 783-3321. Located at ▶ 1790 KINGSTOWN ROAD Cry, WAKEFIELD ST RI ZIP + 4 ▶ 02880-0638 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 accounts. 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 ▶ 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 ? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) n			, ,	-	
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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		To 10/1			
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				Yes	No
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	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of			
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	• •		44		X
"Yes," Form 990 must be completed instead of Form 990-EZ	45				
			45		Х
			Form S	90-E2	(2009)

Form **990-EZ** (2009)

on
19b

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	_No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		L
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		L
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
	If "Yes," was the related organization a section 527 organization?	49b		
EΟ	Complete this table for the organization's five highest componented ampleyees (other than officers, directors, trusts	as and	kov	

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 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 emp	ployee paid more	hours p	nd average er week to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title				
City	ST	ZIP	Hr/WK	00	0	0	0
Name	Str		Title				
Cıty	ST	ZIP	Hr/WK	.00	0	0	0
Name	Str		Title				
City	ST	ZIP	Hr/WK	00	0	0	0
Name	Str		Title				
City	ST	ZIP	Hr/WK	00	0	0	0
Name	Str		Title				
City	ST	ZIP	Hr/WK	00	0	_ 0	0
f Total numbe	r of other emplo	yees paid over \$	100,000	>			

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

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str		
City	ST ZIP		
Name	Str		
City	ST ZIP		
Name	Str		
City	ST ZIP		
Name	Str		
City	ST ZIP		
Name	Str		
City	ST ZIP		
d Total n	umber of other independent contractors each receiving over \$100,000	• <u></u>	

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 **TREASURER** MARK SGALIA Type or print name and title Check if Date Preparer's identifying number (See instructions) Preparer's self-Paid employed ▶ X signature 11/18/2010 Preparer's Firm's name EIN if self-employe **Use Only ▶** (401) 782-8777 60 SOUTH COUNTY COMMONS WAY, WAKEFIELD, RI 02879 Yes No May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ▶ See separate instructions Employer identification number Name of the organization 23-7585730 SOUTH KINGSTOWN POLICE BENEVOLENT ASSOCIATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а Mail solicitations е Solicitation of government grants Internet and email solicitations b lx l g X Special fundraising events Phone solicitations C d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (i) Name of individual (iii) Did fundraiser have (IV) Gross receipts (vi) Amount paid to (ii) Activity (or retained by) custody or control of from activity (or retained by) or entity (fundraiser) fundraiser listed in organization contributions? col (I) Yes No **FUNDRAISIN** Х 20.070 28.225 8,155 EAST COAST MARKETING GROUP **FUNDRAISIN** Χ 20,440 6,199 14,241 **ROBERT MOREAU** G 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 48.665 34,311 14,354 Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt IJ		t s. Complete if the orgai on Form 990-EZ, line 6a			
·			(a) Event #1 SOLF TOURNAMENT (event type)	(b) Event #2 ALL OTHER (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable	17,743	2,500	0	20,243
Ř	3	contributions Gross income (line 1 minus line 2)	17,743	2,500	0	
	4	Cash prizes .	0	2,300	0	
	5	Noncash prizes	0	0	0	
ses	6	Rent/facility costs	9,477	0	0	9,477
Direct Expenses	7	Food and beverages .	0	0	0	0
Direct	8	Entertainment	0	o	0	0
_	9	Other direct expenses	0	2,481		2,481
	10 11	,	Add lines 4 through 9 in o	• •	<u> </u>	(11,958) 8,285
Pa	rt III	 Gaming. Complete than \$15,000 on Fo 	if the organization answ orm 990-EZ, line 6a	vered "Yes" to Form 99	90, Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				0
ses	2	Cash prizes				0
rect Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
_	5	Other direct expenses	Yes %	Yes %	Yes %	0
	6	Volunteer labor	No	No	No	
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)	•	(0)
	8	Net gaming income sumn	nary Combine line 1, colu	mn d, and line 7 .	<u> </u>	Yes No
9 8	a Is	nter the state(s) in which th the organization licensed t "No," explain			?	9a
		lere any of the organization "Yes," explain	l's gamıng licenses revoke	ed, suspended or termina	ted during the tax year?	10a
11 12	ls	oes the organization opera the organization a grantor	, beneficiary or trustee of a		partnership or other entity	11

SOUTH KINGSTOWN POLICE BENEVOLENT ASSOCIATION Schedule G (Form 990 or 990-EZ) 2009 Page 3

					Yes	No
13	Indicate the percentage of gaming activity operated in					•
а	The organization's facility .	13a		%		
b	An outside facility	13b		%		
14	Enter the name and address of the person who prepares the organization's gaming/s	specia	l events books			
	and records	•				
	Name ▶					
	•••••					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization i	receive	es gamıng			
	revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$		and the			1
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address of the third party					,
	Name ▶		· • • • • • • • • • • • •	.		15
				_	,	1
	Address •			.		;
16	Gaming manager information					
						'
	Name ▶					i 1
						,
	Gaming manager compensation ► \$ 0					į
	Description of services provided					'
	Director/officer Employee Independent contract	tor				
						
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the	gamın	g proceeds to			
	retain the state gaming license?			17a		
b	Enter the amount of distributions required under state law to be distributed to other ex	xempt	organizations			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			<u>. l</u>		

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Part	I, Line 10 (990-EZ) -	Part I, Line 10 (990-EZ) - Grants and Similar Amounts	ounts Paid	p					12,898
			Check (X) if					-	
			grantee is						Amount of
	Class of activity	Grantee's name	a business	Address	Cıty	State	Zıp code	Foreign Country	cash grant
-	SCHOLARSHIP	CAMERON BURNS		22 EVANGELINE DRIVE	CRANSTON	ᇟ	02910		1,000
7	SCHOLARSHIP	DREW MARQUIS		43 WESTVIEW DRIVE	BROOKLYN	CT	06234		200
ო	SCHOLARSHIP	HAILEY MARQUIS		43 WESTVIEW DRIVE	BROOKLYN	СТ	06234		200
4	DONATION	ACQUIDNICK ISLE POLICE PA		120 BROADWAY	NEWPORT	Z	02840		100
က	DONATION	CONCERNS OF POLICE SURV		PO BOX 3199	CAMDENTON	MO	65020		1,000
ဖ	DONATION	IBPO LOCAL 303		40 CASWELL STREET	NARRAGANSETT	RI	02882		300
_	DONATION	POLICE UNITY TOUR		PO BOX 528	FLORHAM PARK	S	07932		643
∞	DONATION	RI POLICE OFFICERS EMERA		5 GARFIELD AVENUE	CRANSTON	RI	02920		150
၈	DONATION	SOUTH COUNTY CRISIS CEN		61 MAIN STREET	WAKEFIELD	R	02879		100
2	DONATION	SK BABE RUTH LEAGUE		325 COLUMBIA STREET	WAKEFIELD	RI	02879		200
1	11 DONATION	SK BOOSTERS		215 COLUMBIA STREET	WAKEFIELD	R	02879		250
12	12 DONATION	SK CARES		307 CURTIS CORNER ROAD WAKEFIELD	WAKEFIELD	RI	02879		3,826
13	13 DONATION	SK EDUCATIONAL FOUNDATI		307 CURTIS CORNER ROAD WAKEFIELD	WAKEFIELD	교	02879		4,029
14									
15									

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		Date received	8/17/2009	4/2009	4/2009	7/13/2009	3/2009	2/2009	3/2009	7/2009	4/2009	6/24/2009	11/4/2009	10/20/2009	10/22/2009	•
		Date	8/1	8	/8	7/1	7/1	6/1	4/2	9/1	/9	6/2	11/	10/	10/	
	Method used	to determine FMV														
0	Fair market	value														
	How book value	determined					!									
0		Book value														
		Purpose of payment to affiliate														
1		Description of the property	CASH	CASH	CASH	CASH	CASH	CASH	CASH	CASH	CASH	CASH	CASH	CASH		
		Relationship														

Part I, Line 16 (990-EZ) - Other Expenses		25,313
1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization .	4	0
5 Conferences, conventions, and meetings	5	875
6 Depreciation .	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest .	9	
10 Supplies	10	62
11 Telephone	11	
	12	0
13 NATIONAL UNION DUES	13	24,255
· · · · · · · · · · · · · · · · · · ·	14	60
15 POST OFFICE BOX RENTAL	15	61
	16	
17	17	
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	