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▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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*

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012**

<b>B</b> Check if applicable	<b>C</b> Name of organization GUILFORD POLICE BENEVOLENT ASSOCIATION		<b>D</b> Employer identification number 06-1435724
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change			<b>E</b> Telephone number (203) 453-8061
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			<b>F</b> Group Exemption Number 
<input type="checkbox"/> Application pending			

<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <input type="text"/>		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I Website:</b> <input type="text"/> N/A		
<b>J Tax-exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 32,519**

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	29,092
	<b>4</b>	Investment income . . . . .	<b>4</b>	3,427
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	32,519
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	5,747
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	16,214
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	21,961	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	10,558
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	107,691
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	118,249

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	65,893	22	76,451
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	41,798	24	41,798
25 Total assets	107,691	25	118,249
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,691	27	118,249

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
PROVIDE FINANCIAL SUPPORT FOR SICK AND DISABLED POLICE OFFICERS FUNDS FOR NEEDY FAMILIES IN THE GUILFORD AREA, BULLET PROOF VESTS FOR POLICE OFFICERS, FINANCIAL AID TO STUDENTS, DONATE TO NONPROFIT ORGANIZATIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDE FINANCIAL SUPPORT FOR SICK AND DISABLED POLICE OFFICERS FUNDS FOR NEEDY FAMILIES IN THE GUILFORD AREA, BULLET PROOF VESTS FOR POLICE OFFICERS, FINANCIAL AID TO STUDENTS, DONATE TO NONPROFIT ORGANIZATIONS  
(Grants \$ 0) If this amount includes foreign grants, check here

28a21,324

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

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

3221,324

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDRA BROOKS-COPPOLA PRESIDENT	1 00	0	0	0
MARK O'CONNOR VICE PRESIDENT	1 00	0	0	0
JOHN DUNN SECRETARY	1 00	0	0	0
TIM BERNIER TREASURER	1 00	0	0	0

Form 990-EZ (2012)