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### \*WESTPOR\*PBA

990 Form

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 2012

Open to Public Inspection

음		C Name of organization WESTPORT POLICE BENEVOLENT		D Employ	ver identification number		
Ö	Check if applicable	ASSOCIATION INC					
님	Address change	Doing Business As		23-	7105434		
$\sqsubseteq$	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number		
	Initial return	50 JESUP ROAD		203	-341-6017		
	Terminated	City, town or post office, state, and ZIP code					
呂		WESTPORT CT 06880		G Gross rece	nots \$ 755,593		
닏	Amended return	F Name and address of principal officer	<del></del>	G Gloss rece			
	Application pending		H(a) Isthisag	s this a group return for affiliates? Yes X No			
			H(b) Are all af	affiliates included? Yes No			
			1 ' '		(see instructions)		
		501(c)(3) <b>X</b> 501(c) ( <b>5</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527	_		,		
<u> </u>	Tax-exempt statu	501(c)(3)   X 501(c) ( 5 ) ◀ (insert no )   4947(a)(1) or   527 N/A	<del></del>				
<u>J</u>	Website:		H(c) Group ex	cemption numb			
K	Form of organizati		Year of formation		M State of legal domicile		
	7	ummary					
	_	escnbe the organization's mission or most significant activities  IERMENT OF CONDITIONS OF MEMBERS.					
9	PE.	TERMENT OF CONDITIONS OF MEMBERS.					
nan							
Activities & Governance			-0/ -6.444	_			
Ô	2 Check	his box  if the organization discontinued its operations or disposed of more than 2	o% of its net asset		95		
රේ	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	95		
ties	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		4			
⋛	5 Total n	mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	0		
Ac		mber of volunteers (estimate if necessary)		6	10		
	1	related business revenue from Part VIII, column (C), line 12		7a	0		
	b Net un	elated business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year		
	9 Contrib	itions and grants (Part VIII, line 1h)		2,125	19,354		
e	6 Contrit	utions and grants (Part VIII, line 1h)		2,123	0		
Revenue	9 Progra	n service revenue (Part VIII, line 2g)	- 2	5,153	-64,276		
ě	10 Investr	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-2	3,133	-01,270		
	i i	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_ 1	3,028	-44,922		
	† — — — — — — — — — — — — — — — — — — —	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,450	16,100		
		and similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	0,450	10,000		
ì		paid to or for members (Part IX, column (A), line 4)			1,480		
Expenses	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)			1,480		
ens ens	16a Profes	ional fundraising fees (Part IX, column (A), line 11e)			<u> </u>		
3.×	b Total fi	ndraising expenses (Part IX, column (D), line 25)		7,631	30 006		
n"	17 Other	e less expenses Subtract line 18 from line 12		32,286			
	18 Total e	penses Add lines 13–17 (must equal Part IX, collumn (A)-line 25)		4,081	59,866		
_			Beginning of Cu	7,109	-104,788 End of Year		
, S	9 Total a			5,385	386,522		
Net Assets or	E 20 Total a			4,800	725		
ě	21 Total li	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20  OGDEN, UT		0,585	385,797		
		ignature Block		0,000			
_		perjury, I declare that I have examined this return, including accompanying schedules and statement	ate, and to the best of	of my knowle	dae and belief it is		
t	under penalties ones correct, and	r perjury, I declare that a have examined this return, including accompanying schedules and statement properties. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	of the knowle	age and belief, it is		
_		Carille Million			1.12.12		
e:		Signature of officer		Date	/ 3 / 2		
	gn	- MANAICANI Droc Wills	+				
не	ere	Type or print name and title	<u>.                                      </u>				
_	Dent/	rpe preparer's name Preparer's signature	Date	Charle	If PTIN		
Pa	است			Check	<b>□</b> "		
	onaror Fide	EIS S. INFURCHIA, CPA		self-en	ployed P00594023		
	eparer Firm's		+	Firm's EIN ▶			
US	se Only	45 East Avenue			202-052 7000		
_		address Norwalk, CT 06851		Phone no	203-852-7088		
_		ss this return with the preparer shown above? (see instructions)			Yes No		
Fo DA		luction Act Notice, see the separate instructions.			Form <b>990</b> (2012)		

Pa	ert 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	.	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
8		8		x
_	complete Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	^		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		1	ŧ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	- Compress Constitution - 1, and the	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			,,
		l1b	<u> </u>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			7.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	I1c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
		<u> 11d</u>	<u> </u>	X
е		11e	<u> </u>	X
f	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 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16	<u></u>	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 (see instructions)	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?			
13	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	l	x
		20b	l	
	in 100 to mile bod, and the organization attack a copy of the addition intuition statements to the retain.			•

	art IV Checklist of Required Schedules (continued)			<u> </u>
	One and the Contract of Reduced Contract of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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 United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule 1, Parts I and III	22	X	
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			
	employees? If "Yes," complete Schedule J	23		х
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 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
ь	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 990-EZ?	ļ		
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			Ī
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ì	
	sections 301.7701-2 and 301.7701-3? 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,			
	or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		İ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
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	ļ	<u> </u>
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>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		Vac	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	<del> </del>		Ė
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ė
•	reportable gaming (gambling) winnings to prize winners?	1c	x	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			É
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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
b	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			l
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ī
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ŧ
a	Did the organization make any taxable distributions under section 4966?	9a		├─
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations.Enter.  Initiation fees and capital contributions included on Part VIII. line 12			
a				l
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations.Enter:			l l
	Gross income from members or shareholders			ŧ
a b	Gross income from other sources (Do not net amounts due or paid to other sources			Ī
-	against amounts due or received from them.)			ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
DAA		For	ա 99	0 (2012)

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as	nd for a "i		age <b>o</b>
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			ıs.
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 95			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 95	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	
а	The governing body?	8a	_ <u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	V	Na
	Data.	400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
44=	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		х
12a	· · · · · · · · · · · · · · · · · · ·	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С		12c		
40	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	13		x
13	Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by	1		<del></del>
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	,	x
a b	Other officers or key employees of the organization	15b		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a	· ·	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	133		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		İ
Sec	etion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► ASHLEY DELVECCHIO 50 JESUP ROAD			
W		203-34	1-6	000

01111 000 (2012	<del>, </del>			<u> </u>	
Part VII	Compensation of Officers, D	Directors, Trustees, Key	Employees, Highes	t Compensated Employees, and	
	Independent Contractors				

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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.

List persons in the following order: ind compensated employees, and former		or dır	ecto	rs, ın	stıtu	tiona	l tru:	stees, officers; key employe	es; highest	
Check this box if neither the organ  (A)  Name and Title			Pos check ess pe	ition more rrson	than o	one n an tee)	ensated any current officer,  (D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) DONALD RICE	0.00					_		270		
PRESIDENT (2) JERRY SHANNON	0.00	X	<del> </del>	-		_	┢	370	0	<u> </u>
(2) O ERRI DIFFINON	0.00									
VICE PRESIDENT	0.00	x						370	0	c
(3) ASHLEY DELVECCHI	)									
	0.00									
TREASURER	0.00	X	_				_	370	0	C
(4) ERIN SHAW					í					
	0.00	۱,,						370	_	,
SECRETARY	0.00	X				_		370	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employee(continued)_				
	(A) Name and title	(B) (C)  Average hours per week week (list any hours for (S) (C)  Position (do not check more than one box, unless person is both at officer and a director/trustee						ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amoun othe compens		mated ount of ther ensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		6	organiza and rela rganiza	ited	
(12)														
(13)														
(14)														
(15)	-												_	
(16)														
(17)														
(18)														
(19)									· · · · · · · · · · · · · · · · · · ·					
1b	Sub-total	1	<u> </u>	<u> </u>	l	l		<b>&gt;</b>	1,480					
C	Total from continuation she	ets to Part VII,	Sect	ion A	<b>A</b>				1,480		<del> </del>			
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lir the organization	nited •	to th	ose	liste	d abo	ove)					Yes	l No
3	Did the organization list any <b>fo</b> employee on line 1a? If "Yes,"	complete Sched	ule J	for s	uch	ındıv	ridual		- · · · · · · · · · · · · · · · · · · ·			3	res	No X
4	For any individual listed on line organization and related organ individual	izations greater t	han	\$150	0,000	)? If '	'Yes,	" COI	mplete Schedule J for such			4		x
5	Did any person listed on line 1s for services rendered to the or									dividual 		5		x
	ion B. Independent Contracto			1 ! -						- \$400,000 of				
1	Complete this table for your fiv compensation from the organize	zation Report co	nsat mpe	ed in nsati	aepe on fa	r the	nt co e cale	ntrac enda	r year ending with or within	the organization's tax year.	·		(0)	
	Name and	(A) I business address						╁_	Descrip	(B) stion of services		Co	(C) mpensa	ton
										-				
								+-						
2	Total number of independent of received more than \$100,000								e listed above) who	0				

Pa	rt VI	Statement of Reve Check if Schedule (	nue	ains a re	esnonse to a	any question in this	s Part VIII		
*	<del></del>	Oriodk ii Goriodale k				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a		·	" '			
ran	b	Membership dues	1b		6,580	1			
Ω,E	C	Fundraising events	1c		534	1	ļ		
ar F	d	Related organizations	1d			1			
S,E	е	Government grants (contributions)	1e			1			
Sign	f	All other contributions, gifts, grants,				1			
her		and similar amounts not included above	1 1f		12,240	1			
Ē	g	Noncash contributions included in lines 1a-	$\overline{}$	 \$		1			
Contributions, Gifts, Grants and Other Similar Amounts	h					19,354			
ne					Busn Code	·			
Program Service Revenue	2a								
Se.	b								
ķ	С								
Ser	d								
æ	е								
ogr	f	All other program service reve	nue						
<u>-</u>	д	Total. Add lines 2a-2f			<b>•</b>				
	3	Investment income (including of	dividend	ls, interest					
		and other similar amounts)			′ ▶ ∟	8,053	8,053		
	4	Income from investment of tax	-exemp	t bond pro	ceeds 🕨 📙				
	5	Royalties			<b>•</b>				
		(ı) Real		(n) F	Personal	1			,
	6a	Gross rents				1			
	b	Less rental exps				1			
	С	Rental inc or (loss)				1			
	d   7a	Net rental income or (loss)  Gross amount from (1) Securities		T	<b>P</b>		<del></del>		
	٠	sales of assets		(11)	Other				
		Solor Grant Wilder	,186	<b></b>		1			
	b	Less cost or other	E1 E			1			
		,	,515 ,329						
		· /	, 323	<u> </u>	<b>•</b>	-72,329	-72,329	•	
		Net gain or (loss)	1			- 12,323	- /2/323		
ne	ва	Gross income from fundraising ever	534		1				
, en	İ	(not including \$ of contributions reported on line 1c				1			
æ		See Part IV, line 18				1			
Other Revenue	١,	Less. direct expenses	a b			1			
ᅙ	•	Net income or (loss) from fund	- ,	ovents	<b>•</b>	1		1	:
	I	Gross income from gaming activitie	- 1	events			Harris Harris Harris		
	74	See Part IV, line 19	ಕು a			1			
	١,	Less direct expenses	a b						
		Net income or (loss) from garr	~ (	vities		Ī		•	
		Gross sales of inventory, less	- 1	VIIIC3	1				
	104	returns and allowances	а			-			
	h	Less. cost of goods sold	b						
		Net income or (loss) from sale	-	entory	<b>•</b>	Ī			
	٣	Miscellaneous Revenue			Busn Code	1			
	11a	<del></del>				Ī		•	
	b								
	, c								
	d	All other revenue							
	e				<b>•</b>				
	12	Total revenue. See instructio	ns		▶ [	-44,922	-64,276	0	C

Form 990 (2012)

Form 990 (2012)

### 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). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, Program service Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 16,100 16,100 the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 10,000 10,000 Benefits paid to or for members Compensation of current officers, directors, 1,480 1,480 trustees, and key employees 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 salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 a Management 450 450 **b** Legal 1,725 1,725 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 е 5,883 5,883 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion Office expenses 13 14 Information technology 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 8,578 8,578 Depreciation, depletion, and amortization 22 229 229 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3,255 3,255 **DONATIONS** 3,052 3,052 CHRISTMAS PARTY b 2,973 476 505 1,992 MEETINGS & DINNERS С 1,236 309 927 OFFICE SUPPLIES d 4,905 3,896 1,009 All other expenses е 59,866 48,662 10,699 505 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 10,499 10,972 Cash-non-interest bearing 1 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 60,046 other basis. Complete Part VI of Schedule D 10a 47,551 21,073 12,495 b Less: accumulated depreciation 10b 10c 463,813 363,055 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 386,522 495,385 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 4,800 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 725 4,800 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 490,585 385,797 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 385,797 490,585 33 33 Total net assets or fund balances 386,522 495,385 34 Total liabilities and net assets/fund balances

Form	990 (2012) WESTPORT POLICE BENEVOLENT	23-7105434			Pag	e 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response to any question in	this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		<b>14,9</b>	
2	Total expenses (must equal Part IX, column (A), line 25)		2	•	59 <b>,</b> 8	
3	Revenue less expenses Subtract line 2 from line 1		3	-104,788		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colu	ımn (A))	4	4 9	90,5	<u>85</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	ual Part X, line				
	33, column (B))		10	38	85,7	97
Pa	rt XII Financial Statements and Reporting					$\overline{}$
	Check if Schedule O contains a response to any question in	this Part XII				
		_			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accre	ual Other		_ [		
	If the organization changed its method of accounting from a prior year or checker	d "Other," explain in			I	
	Schedule O				1	
2a	Were the organization's financial statements compiled or reviewed by an indepen	ndent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the ye	ear were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and	d separate basis				
b	Were the organization's financial statements audited by an independent account	ant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were audited on a				
	separate basis, consolidated basis, or both		_			
	Separate basis Consolidated basis Both consolidated and	d separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an	n independent accountant?		2c		,
	If the organization changed either its oversight process or selection process duri	ng the tax year, explain in				
	Schedule O				1	
3a	As a result of a federal award, was the organization required to undergo an audit	t or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a	Ll	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps take	n to undergo such audits		3b		

Form **990** (2012)

### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	e of organization WESTPORT POLICE BENEV	Employer identification number 23-7105434						
	ASSOCIATION INC ti-A Complete if the organization is exem	nt under coetion 501(a)	r is a section 5					
			<del></del>	Zr Organization.				
1	Provide a description of the organization's direct and indirect	t political campaign activities in r	rantiv.	<b>▶</b> \$				
2	Political expenditures		•	•				
3	Volunteer hours			•				
Pai	t l-B Complete if the organization is exem	pt under section 501(c)(3	3).					
1	Enter the amount of any excise tax incurred by the organiza	tion under section 4955		▶ \$				
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$				
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No			
4a	Was a correction made?				Yes No			
<u>b</u>	If "Yes," describe in Part IV							
Pa	t I-C Complete if the organization is exem	pt under section 501(c),	except section	501(c)(3).				
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	1					
	activities			▶ \$				
2	Enter the amount of the filing organization's funds contribute	d to other organizations for sect	on					
	527 exempt function activities			▶ \$				
3	Total exempt function expenditures Add lines 1 and 2 Ente	r here and on Form 1120-POL,						
	line 17b			▶ \$	_			
4	4 Did the filing organization file Form 1120-POL for this year?							
5	Enter the names, addresses and employer identification nur	nber (EIN) of all section 527 polit	ical organizations to	which the filing				
	organization made payments. For each organization listed, e	enter the amount paid from the fi	ling organization's fu	nds. Also enter				
	the amount of political contributions received that were prom	ptly and directly delivered to a s	eparate political orga	ınızatıon, such				
	as a separate segregated fund or a political action committee	e (PAC). If additional space is ne	eded, provide inforn	nation in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
					political organization If			
					none, enter -0-			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990 or 990-	Z.	<u> </u>	Schedule	C (Form 990 or 990-EZ) 201			

Schodule C (Form 000 or 000 EZ) 2012 WESTP	ORT POLICE	BENEVOLENT		2:	3-7105434	Page <b>2</b>
Part II-A Complete if the organi			01(c)(3) and	_		
section 501(h)).					· <del></del> ·	
A Check ▶ ☐ if the filing organizat						member's
name, address, EIN						
B Check ▶ ☐ if the filing organizat	ion checked box /	A and "limited con	trol" provisior	is apply	<u>'.                                    </u>	
Limits on Lo (The term "expenditures"	bbying Expendit			orga	(a) Filing enization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pr			<del></del>		<del>-</del>	
<b>b</b> Total lobbying expenditures to influence a	· · ·					
c Total lobbying expenditures (add lines 1a				-		<del></del>
d Other exempt purpose expenditures	u					
e Total exempt purpose expenditures (add I	nes 1c and 1d)					
f Lobbying nontaxable amount Enter the ar	•	na table in both				
columns		<b>3</b>				
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:				
Not over \$500,000	20% of the amount on	<del> </del>			I	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over \$500,000			1	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of i	the excess over \$1,000,000			1	•
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	e excess over \$1,500,000			1	
Over \$17,000,000	\$1,000,000					
g Grassroots nontaxable amount (enter 25%	6 of line 1f)		-			
h Subtract line 1g from line 1a If zero or les						
i Subtract line 1f from line 1c. If zero or less	s, enter -0-					
j If there is an amount other than zero on e	ther line 1h or line 1i,	did the organization file	e Form 4720			
reporting section 4911 tax for this year?						Yes No
(Some organizations the	at made a section	ng Period Under on 501(h) election tructions for line	do not have	to cor	~	e five
Lot	bying Expenditu	res During 4-Ye	ar Averaging	Period	1	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 201		(d) 2012	(e) Total
2a Lobbying nontaxable amount					-	
<b>b</b> Lobbying ceiling amount			1			
(150% of line 2a, column(e))						

Schedule C (Form 990 or 990-EZ) 2012

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))
f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes." response to lines 1a through 1i below, provide in Part IV a detailed Yes No **Amount** description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes." enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) if Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2012

WESTPORT POLICE BENEVOLENT

23-7105434

Page 4

Part IV Supplemental Information (continued)

## 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2012

Open to Public Inspection

	the organization		Employer id	lentification number
	STPORT POLICE BENEVOLENT SOCIATION INC		<u>23-</u> 71	.05434
Part	Organizations Maintaining Donor Advised Fundorganization answered "Yes" to Form 990, Part IV		counts.	Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1 T	otal number at end of year			
2 A	Aggregate contributions to (during year)			
3 A	Aggregate grants from (during year)			
4 A	Aggregate value at end of year			
5 C	Old the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
fi	unds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6 C	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds can be used		
c	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
С	conferring impermissible private benefit?			Yes No
Parl	t It Conservation Easements. Complete if the organ	ization answered "Yes" to Form 9	<u>90, Part I</u>	V, line 7
1 <u>F</u>	Purpose(s) of conservation easements held by the organization (check al	l that apply).		
Ĺ	Preservation of land for public use (e g , recreation or education)	Preservation of an historically imp	ortant land	area
Ĺ	Protection of natural habitat	Preservation of a certified historic	structure	
L	Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	tion	
e	easement on the last day of the tax year		h1.	
				Held at the End of the Tax Ye
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure includ		2c	<del> </del>
	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a		
	nistoric structure listed in the National Register		2d	
	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during the	
	ax year ▶			
	Number of states where property subject to conservation easement is loc			
	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		□ vaa □ Na
	violations, and enforcement of the conservation easements it holds?			Yes No
6 5	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
_ '				
	Amount of expenses incurred in monitoring, inspecting, and enforcing coi	nservation easements during the year		
	<b>&gt;</b> \$	470/5/4/0		
	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(n)(4)(B)		Yes No
•	i) and section 170(h)(4)(B)(ii)?	to in the recognition and automorphis		1es 140
	n Part XIII, describe how the organization reports conservation easement palance sheet, and include, if applicable, the text of the footnote to the or			
	organization's accounting for conservation easements	gariization's ilitaricial statements that desc	iibes tile	
Parl		listorical Treasures or Other Si	milar Δs	sets
4. est.	Complete if the organization answered "Yes" to Fo		a. 7.0	00.0.
10 1	f the organization elected, as permitted under SFAS 116 (ASC 958), not		nce sheet	
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial			
	f the organization elected, as permitted under SFAS 116 (ASC 958), to r		sheet	
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items:			
i	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
ì	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
•	f the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provid	le the	
	following amounts required to be reported under SFAS 116 (ASC 958) re			
	Revenues included in Form 990, Part VIII, line 1	-	•	\$ ,
	Assets included in Form 990, Part X	<u> </u>		\$
	perwork Reduction Act Notice, see the Instructions for Form 990	•		Schedule D (Form 990) 201

23-7105434	

Sche !	dule D (Form 990) 2012 WESTPOR	r POLICE BE	NEVOLENT		23-7105434	Page 2
	rt III Organizations Maintaini	ng Collections of	f Art, Historical Tr	easures, or	Other Similar Assets	(continued)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	s, check any of the folio	owing that are a s	significant use of its	
а	Public exhibition	d 🗌	Loan or exchange pr	ograms		
b	Scholarly research	е 🗌	Other			
C	Preservation for future generations					
4	Provide a description of the organization's	collections and explair	n how they further the o	rganızatıon's exe	empt purpose in Part	
	XIII.					
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as p	part of the organization's	s collection?		Yes No
Pa	rt IV Escrow and Custodial A			nızation answ	ered "Yes" to Form 9	90, Part IV,
	line 9, or reported an amo	unt on Form 990,	Part X, line 21			
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions or	other assets no	t	
	ıncluded on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table <sup>.</sup>		r	
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on					∐ Yes ∐ No
	If "Yes," explain the arrangement in Part X					
Pa	rt V Endowment Funds. Cor					
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			<del></del>		
b	Contributions					
С	Net investment earnings, gains, and			İ		
	losses		<u> </u>			
	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
T	Administrative expenses			<del></del>		
g	End of year balance	urent year and balance	o (line 1 a selumn (a))			
2	Provide the estimated percentage of the co	urrent year end baland %	e (line 1g, column (a)) i	neid as		
a	Board designated or quasi-endowment ▶  Permanent endowment ▶	%				
U	Temporanly restricted endowment	%				
·	The percentages in lines 2a, 2b, and 2c sh					
32	Are there endowment funds not in the pos	•	ation that are held and	administered for	the	
Ja	organization by	session of the organiz	adorr that are rield and t			Yes No
	(i) unrelated organizations	ų				3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organization	ons listed as required	on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	·				<u> </u>
P	art VI Land, Buildings, and Ed			e 10.		
	Description of property	(a) Cost or oth		or other basis	(c) Accumulated	(d) Book value
	F F-2F	(investme	', '	other)	depreciation	
1 =	Land					
b						
	Leasehold improvements					
	Equipment			60,046	47,551	12,495
	Other			<del></del>		
	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Par	t X. column (B), line 10	(c) )	<b>•</b>	12,495

Part VII	Investments—Other Securities. See Form 990,	Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-ye	ar market value
1) Financial d	envatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				<del></del>
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 990	, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)				
(7)				
(8)				
(9)				<u>.                                    </u>
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X, line 15.			-
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
	<del></del>			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line 25.		<u> </u>	
<u>1.                                      </u>	(a) Description of liability	(b) Book value	-	
	income taxes	-	4	
(2)	<del></del>			
(3)			-{	
(4)		,,	4	
_(5)			4	
(6)			4	
(7)			4	
(8)			4	
(9)			4	
(10)		ļ <u></u>	4	
(11)			4	
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
2. FIN 48 (AS	C 740) Footpote. In Part XIII, provide the text of the footpote to the	ne organization's financial s	statements that reports the organic	anization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information

b Other (Describe in Part XIII.)c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

5 - Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4c

5

\*WESTPORTPBA

Schedule D (Form 990) 2012 WESTPORT POLICE BENEVOLENT

23-7105434

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990) WESTPORTPBA

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

|--|

**%** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 23-7105434 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance WESTPORT POLICE BENEVOLENT (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? ASSOCIATION INC (a) Name and address of organization or government Name of the organization Part # Part 3 3 **₹** 9 9 3 8 6)  $\Xi$ 

Schedule I (Form 990) (2012)

Schedule I (Fo	Schedule 1 (Form 990) (2012) WESTPORT POLICE BENEVOLENT	ICE BENEVOLENT		23-7105434		Page 2
Part III	Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	o Individuals in the U	nited States. Compl	ete if the organizatio	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	990, Part IV, line 22.
	(a) Type of grant or assistance	(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
1 COLLE	1 COLLEGE SCHOLARSHIPS	18	16,100			
7						
m						
4						
വ						
ဗ						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nplete this part to prov	ide the information re	quired in Part I, line	2, Part III, column (b), and	any other additional

# **SCHEDULE O**

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

WESTPORT POLICE BENEVOLENT ASSOCIATION INC

Employer identification number 23-7105434

Form 990, Part VI, Line 6 - Classes of Members or Stockholders THE WESTPORT PBA IS ORGANIZED WITH MEMBERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE CURRENT MEMBERS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 FORM 990 IS REVIEWED BY THE ASSOCIATION'S TREASURER.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562** 

# **Depreciation and Amortization**

(Including Information on Listed Property)

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► See separate instructions. WESTPORT POLICE BENEVOLENT

ASSOCIATION INC

► Attach to your tax return. Identifying number 23-7105434

	ss or activity to which this form relates addirect Depreciation	on							
	rt i Election To Expens		erty Under Section	on 179		·			
, ,	Note: If you have ar	•	•		mplet	e Part I.			
1	Maximum amount (see instructions)		,					1	139,000
2	Total cost of section 179 property p	, laced in service (see	instructions)					2	
3	Threshold cost of section 179 prope	erty before reduction	in limitation (see instri	uctions)				3	560,000
4	Reduction in limitation. Subtract line	•						4	
5	Dollar limitation for tax year Subtract line			d filing separately, see	e instruc	tions		5	
6_	(a) Description	of property	(b	) Cost (business use on	ıly)	(c) l	Elected cost		
			_						
7	Listed property. Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro	operty Add amounts	ın column (c), lınes 6	and 7				8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	<del></del>
10	Carryover of disallowed deduction f	from line 13 of your 2	011 Form 4562					10	
11	Business income limitation. Enter th	ne smaller of busines	s income (not less tha	ın zero) or lıne 5 (s	ee inst	ructions)		11	
12	Section 179 expense deduction Ad			an line 11	<del>,</del>			12	
13	Carryover of disallowed deduction t		·		13				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	: Do not use Part II or Part III below t								
	rt II Special Depreciation					ide liste	d proper	ty. ) (3	See instructions)
14	Special depreciation allowance for o		er than listed propert	y) placed in service	е			١	
	during the tax year (see instructions	•						14	<u> </u>
15	Property subject to section 168(f)(1	•						15	8,578
16	Other depreciation (including ACRS			. \ /0 :	4!	`	<del> </del>	16	0,3/8
Pa	ert III MACRS Depreciati	on (Do not inclu	ae listea property Section		tions.	<u> </u>			
		1						17	0
17	MACRS deductions for assets place	_					▶ □	11/	
18	If you are electing to group any assets placed		ervice During 2012			erai Denr	eciation	Syster	m
	Gettion B—7	(b) Month and year	(c) Basis for deprecial		10 00	oral Bopi		<b>-</b>	
	(a) Classification of property	placed in service	(business/investment us only-see instruction	e (a) necovery	(e) C	convention	(f) Meth	od	(g) Depreciation deduction
1 <u>9a</u>	3-year property								
<u>b</u>	5-year property				ļ				
С	7-year property				ļ				
<u>d</u>	10-year property								
e	15-year property								
f	20-year property	-							
g	25-year property			25 yrs			S/L		
h	Residential rental			27.5 yrs	1	MM	S/L		
	property			27.5 yrs	1	MM	S/L		
i	Nonresidential real			39 yrs.	<del>                                     </del>	MM	S/L		
	property					MM	S/L		<u> </u>
		ssets Placed in Ser	vice During 2012 Ta	x Year Using the	Alterr	native De			em I
20a	Class life	-			-		S/L		
	12-year			12 yrs	-		S/L		
	40-year	<u> </u>		40 yrs	L	MM	S/L	·	<u> </u>
	irt IV Summary (See inst							1	
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lii	-			. Enter	nere			0 570
	and on the appropriate lines of you	•					<del></del>	22	8,578
23	For assets shown above and place	-	e current year, enter t	rne	_				
	portion of the basis attributable to s	ection 263A costs			23				t .

WESTPORTPBA WESTPORT POLICE BENEVOLENT
23-7105434 Federal Asset Report
FYE: 12/31/2012 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:         1         TELEVISION         1/01/06           2         FURNITURE         3/07/07           3         FITNESS EQUIPMENT         4/18/07           4         TELEVISION & STEREO EQUIPMENT         4/18/07           5         FITNESS EQUIPMENT         7/18/07           6         FITNESS EQUIPMENT         7/18/07           7         FITNESS EQUIPMENT         9/17/07           8         FITNESS EQUIPMENT         12/31/08           Total Other Depreciation			1,569 2,200 2,800 1,035 5,000 40,000 6,942 500 60,046	_	1,569 2,200 2,800 1,035 5,000 40,000 6,942 500	7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L	1,344 1,519 1,867 691 3,155 25,968 4,215 214 38,973	225 314 400 147 714 5,714 992 72 8,578
Total ACRS and Other Depreciation		ciation =	60,046	=	60,046		38,973	8,578
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals		ers - =	60,046 0 0 60,046	- -	60,046 0 0 60,046		38,973 0 0 38,973	8,578 0 0 8,578

Fund Raising ŝ Management & General 517 492 1,009 S Form 990, Part IX, Line 24e - All Other Expenses 1,033 906 705 594 141 3,896 Program Service Federal Statements 1,034 1,033 906 705 594 492 141 4,905 Expenses Total WESTPORTPBA WESTPORT POLICE BENEVOLENT SUNSHINE COMMITTEE MONUMENT-POLICE MEMORIAL Description MEMBER ASSISTANCE ADVERTISING FOREIGN TAX PAID PAC CONVENTION FYE: 12/31/2012 Total 23-7105434 POSTAGE