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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

_			g		
<u>A</u>	For the	e 2015 calendar year, or tax year beginning , and ending			
В	Check of a	applicable C Name of organization WESTPORT POLICE BENEVOLENT		D Employe	r identification number
	Address c	change ASSOCIATION INC			
=		Doing histories as		23_7	105434
	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial retu	1			341-6017
H	Final retur		<del></del>		
Ш	terminated	WESTPORT CT 06880			eipts\$ 1,102,154
	Amended		<del></del>	G Gross reco	eipts 1,102,134
$\equiv$	Annlinatio		H(a) Is this a gro	oun return for si	ubordinates? Yes X No
Ш	Applicatio	on pending		•	
			H(b) Are all sub	ordinates incl	uded? Yes No
	_		If "No,	attach a list	(see instructions)
ī	Tax-exer	mpt status 501(c)(3) <b>X</b> 501(c) ( <b>5</b> ) ◀ (insert no ) 4947(a)(1) or 527	1		
÷	Website		H(c) Group exe	matica aumbo	🕨
<u></u>				inipilon numbe	
<u>K</u>	***********		ear of formation		M State of legal domicile
	art 🔝				
	1 8	Briefly describe the organization's mission or most significant activities			
φ		BENEFIT OF REGULAR MEMBERS OF THE WESTPORT POLICE FORCE	E TO PROM	OTE AN	D AID
Ĕ		IN THE SOCIAL AND GENERAL WELFARE OF ITS MEMBERS, PROM	OTE CAMAR	ADERIE	AMONG
Activities & Governance	}	ALL RANKS AND BE ACTIVE IN COMMUNITY AFFAIRS.			
۶	1 2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25	0/ of its not as	noto	
Ö			o or its riet as:	1 1	E.C
್		Number of voting members of the governing body (Part VI, line 1a)		3	56
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	56
₹	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
5	6	Total number of volunteers (estimate if necessary)		6	0
ຣັ		Total unrelated business revenue from Part VIII, column (C), line 22 C [ ] / [ ]		7a	0
<u>ه</u> ر		Net unrelated business taxable income from Form 990-T, line 3		7b	0
	<del>  "</del>	10	Prior Ye		Current Year
	8 (	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		0,113	27,596
ᆿ	9 6	Program service revenue (Part VIII, line 2g)		0,220	0
AUG 1 Revenue	9 7			E 020	<u>_</u>
ťé	י 10 ו	Investment income (Part VIII, column (A), lines 3, 4, and rd)		5,920	1,963
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e)/EN, U			-583
Xpenses	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,033	28,976
Z	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		4,250	0
<u>z</u>	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	1'	7,181	20,000
5.	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,700	2,250
N S	1625	Professional fundraising fees (Part IX, column (A), line 11e)			0
—ౖნ	1001		- 1 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (	3×1 4	
Ä			<del> `</del> ,		
_		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,221	13,387
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,352	35,637
	19 F	Revenue less expenses. Subtract line 18 from line 12		0,681	-6,661
Net Assets or	<u> </u>	ļ	Beginning of Cur		End of Year
set	ਊ 20 ੋ	Total assets (Part X, line 16)	42	6,057	419,396
\$2	21	Total liabilities (Part X, line 26)		0	0
ž	22 1	Net assets or fund balances. Subtract line 21 from line 20	42	6,057	419,396
	art il	Signature Block			<del></del>
		nalties of penury, I declare that I have examined this return, including accompanying schedules and statement	ents and to the h	est of my kn	owledge and belief it is
		ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer l			owiedge and belief, it is
					<del>_</del>
		Jan			<del></del>
Sig	gn	Signature of officer		Date	1
He	ere	SERENTH DORSON TILSATUR	F1	7/)	C/15
		Type or pnnt name and title		70	41.4
		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Pai	id	FRANCIS S. INFURCHIA, CPA		/16 self-em	□"
	parer				
	•	Francis S. Infurchia & Company, LLC	F	irm's EIN	26-1387840
US	e Only	45 East Avenue			
		Firm's address Norwalk, CT 06851	F	Phone no	<u> 203-852-7088</u>
Ma	y the IR	RS discuss this return with the preparer shown above? (see instructions)			Yes No
		work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2015
DAA	١				. ,

Form 990 (2015)	WESTPORT POLICE B	ENEVOLENT	23-7105434	Page <u>2</u>
•	tatement of Program Service	-	in this Dort III	
	neck if Schedule O contains need the organization's mission.	a response or note to any line	in this Part III	
BENEFIT IN THE	OF REGULAR MEMBEI SOCIAL AND GENERAL	RS OF THE WESTPORT L WELFARE OF ITS ME IN COMMUNITY AFFAIR	MBERS, PROMOTE C	
•	· · ·	rogram services during the year which	were not listed on the	
•	90 or 990-EZ? cribe these new services on Sched	ule O.		Yes X No
3 Did the orga services?		significant changes in how it conduct	s, any program	Yes X No
4 Describe the expenses S	e organization's program service acc	complishments for each of its three lar nizations are required to report the am	-	-
NON-STOCK WESTPOR' OF ITS I COMMUNITED MEMBERSI OF THE I NOW RET THE WES' RETIREM	CK CORPOATION, CRI T POLICE FORCE TO MEMBERS, PROMOTE O TY AFFAIRS. HIP IN THE WESTPOI WESTPORT POLICE DI IRED FROM ACTIVE S TPORT PBA, THROUGH ENT/DEATH BENEFIT,	T ASSOCIATION, INC EATED FOR THE BENEF PROMOTE AND AID IN CAMARADERIE AMONG A EPARTMENT AND ALL F SERVICE. H ITS BY-LAWS, HAS RESPECTIVELY, FOR E WESTPORT PBA'S BY	TIT OF REGULAR MEDITHE SOCIAL AND CALL RANKS AND BE AND OF ALL OF THE REGULAR MEMBERS THE ESTABLISHED A \$500 ANY ELIGIBLE MEDITHE MEDI	MBERS OF THE GENERAL WELFARE ACTIVE IN EGULAR MEMBERS EREOF WHO ARE
4b (Code:	) (Expenses \$	including grants of \$	) (Revenu	
4c (Code	) (Expenses \$	including grants of \$	) (Revenu	e \$
(Expenses	am services (Describe in Schedule (\$ 2,860 include m service expenses >	0) ding grants of \$ 29,305	) (Revenue \$	)
DAA		• <del>-</del>	·	Form <b>990</b> (2015

## Part 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_		<u> </u>
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,	l _	v	
•	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	_ •		v
7	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
8		١.		х
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b> </b>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	r " ]		
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-v-
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{\mathbf{x}}{\mathbf{x}}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	'		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? 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 other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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?			
	If "Yes," complete Schedule G, Part III	19		X
		For	<sub></sub> 990	(2015)

Part IV. Checklist of Required Schedules (continued)

			Yes	No .
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			[
	Part IX, column (A), line 2º If "Yes," complete Schedule I, 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	Î		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		l .	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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	(-//-// /-/-/ /-/-/ /-/-/ /-/-/ /-/-/ /-/-///			
	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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			<b>.</b>
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			х
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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):			( )
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	20a		
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u></u>		
	-conservation-contributions?-If=Yes;"-complete-Schedule M	30		- <b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			4.5
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X

Form **990** (2015)

Pş	urt V <u>.</u> .′ 	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part	v				
			١.	1	300	Yes	No
1a		number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		'^``	۸.	100
b		number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		$\dashv$	Ò	1000
С		rganization comply with backup withholding rules for reportable payments to vendors and			1c	X	0 0
2a		e gaming (gambling) winnings to prize winners? number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	<u> </u>		·····
£a		its, filed for the calendar year ending with or within the year covered by this return	2a			Ĭ,	ŀ.
ь		one is reported on line 2a, did the organization file all required federal employment tax reti				,	<u>'</u>
_		ne sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			ستبستهما	<u> </u>	100
3a		rganization have unrelated business gross income of \$1,000 or more during the year?	,0,		ਤ 3a	```	х
b		nas it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a		ne during the calendar year, did the organization have an interest in, or a signature or other		itv	1		
		nancial account in a foreign country (such as a bank account, securities account, or other fi					
	account)	· · · · · · · · · · · · · · · · · · ·			4a		х
b		enter the name of the foreign country					3.77
	See instr	uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts			ľ :
	(FBAR)						
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any ta	axable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b_		X
С	If "Yes" to	line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the	organization have annual gross receipts that are normally greater than \$100,000, and $\operatorname{did}$	he				
	organizat	ion solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," o	did the organization include with every solicitation an express statement that such contribut	ions or				
	•	e not tax deductible?			6b	,,,,,,,,,,,,,,,,,	
7	_	tions that may receive deductible contributions under section 170(c).					\ <u>.</u>
а		rganization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			2.2	11 h
		ces provided to the payor?			7a		
b		did the organization notify the donor of the value of the goods or services provided?			7b		
С		rganization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
_		to file Form 8282?	7d	1	7c		
d		ndicate the number of Forms 8282 filed during the year rganization receive any funds, directly or indirectly, to pay premiums on a personal benefit		<u> </u>	7e		•
e •		rganization receive any lunds, directly or indirectly, to pay premiums on a personal benefit conf rganization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f		
f g		anization, during the year, pay premiums, directly or indirectly, on a personal benefit com- anization received a contribution of qualified intellectual property, did the organization file F		00 as required?	7g		
h		anization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	-	ing organizations maintaining donor advised funds. Did a donor advised fund maintain			· · · · ·	7	7.
•	-	ng_organization=have-excess-business-holdings-at-any time-during-the-year?			8		<del></del>
9	_ •	ing organizations maintaining donor advised funds.					7.7
а		ponsonng organization make any taxable distributions under section 4966?			9a		<b>Ì</b> `
b		ponsoning organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section	501(c)(7) organizations. Enter					
а	Initiation	fees and capital contributions included on Part VIII, line 12	10a				
b	Gross red	ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section	501(c)(12) organizations. Enter					,
а	Gross inc	come from members or shareholders	11a				
b		come from other sources (Do not net amounts due or paid to other sources					
		mounts due or received from them.)	11b		_		`
12a	Section 4	<b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of For	m <sub>,</sub> 1041	?	12a		m
	If "Yes," e	enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13		501(c)(29) qualified nonprofit health insurance issuers.					ļ
а	_	anization licensed to issue qualified health plans in more than one state?			13a		ļ
_		e the instructions for additional information the organization must report on Schedule O.				ĺ	
b		amount of reserves the organization is required to maintain by the states in which	1	1			
		ization is licensed to issue qualified health plans	13b				
C		amount of reserves on hand	13c	<u> </u>	445		v
14a		rganization receive any payments for indoor tanning services during the tax year?	lo (C		14a		X
D	ii res,	nas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie O		14b	I	ı

Form 990 (2015) WESTPORT POLICE BENEVOLENT Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 56 1a Enter the number of voting members of the governing body at the end of the tax year 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. 56 b Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X h 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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) 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 State the name, address, and telephone number of the person who possesses the organization's books and records. SERENITI DOBSON 50 JESUP ROAD WESTPORT CT 06880 203-341-6000

om 990 (2015)	WESTPORT	POLICE	BENEVOLENT
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	<b>`</b> -	•		, 7	4	•	4	

Page 7

Part VII	C	ompensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Co</b>	mpensated Empl	oyees,	and
	In	ndependent Contractors							

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the orga		y rela	ated			tion c	com	npensated any current officer, director, or trustee					
(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	( Disso mes)	organization and related organizations			
(1) SCOTT MORRISON													
222222	0.00							7.50	•	•			
PRESIDENT (2) DONALD RICE	0.00	X						750	0	0			
(2) DONALD RICE	0.00												
VICE PRESIDENT	0.00	x						500	0	0			
(3) SERENTITY DOBSON													
	0.00												
TREASURER	0.00	X		_	<u> </u>	Ш		500	0	0			
(4) SHARON RUSSO	0 00												
SECRETARY	0.00 0.00	x						500	0	0			
(5)		Ħ											
(6)		<del> </del>											
-		_											
(7)													
(8)		<del>                                     </del>				_							
(9)		$\vdash$											
(10)		-											
(11)													
		<u> </u>								Form <b>990</b> (2015)			

Part VII Section A. Officers  (A)  Name and title		(B) Average hours per week (list any hours for related organizations	(d bo off	o not o	Pos check ess pe	C) intion more erson i	than o	one an ee)	(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
		bełow dotted line)	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	1			organizations
-	<del>.</del>										
						ļ <u>-</u>				- <u>-</u>	
1b Sub-to	.tal							<b>•</b>	2,250		
c Total f	rom continuation shee	ets to Part VII, S	Secti	on A	4			<b>•</b>			
2 Total n	add lines 1b and 1c) umber of individuals (in ble compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of	
employ 4 For any	vee on line 1a? If "Yes," y individual listed on line zation and related organ	complete Sche	dule of re	J for	suc able	h inc	lividi. ipens	ial satio	loyee, or highest compensation complete Schedule J for successions.	from the	3 X
5 Did an									ny unrelated organization or for such person	ındıvıdual	5 X
Section B. Ir	ndependent Contracto	rs							ractors that received more	than \$100,000 of	
compe	nsation from the organi	zation. Report of (A) business address	ompe	ensa	tion	for t	he ca	lenc	dar year ending with or with	in the organization's tax ye (B) ton of services	ear. (C) Compensation
	Name and	būsiness address							Descrip	tion of services	Compersation
		·								- <del></del> -	
2 Tabel :	umbor of radas and a	and the state of t	٠ امر	, le . · ·		lemm - 4	nel 4.	46-	on listed about 1 to		***************************************
	umber of independent o ed more than \$100,000								se listed above) WNO	0	27 7

SET &	irt v	Check if Schedule		ns a response	or note to any line	in this Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a			(2.12)	814 C	8 3 8 7/2 S.
Gra	ь	Membership dues	1b	7,665		S 3 2 6 6 7 2		· >
Program Service Revenue Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts	С	Fundraising events	1c			N/2 8 1 1 1 1 1		
	d	Related organizations 1d				*		
in,	е	Government grants (contributions)	1e				1. y	**************************************
tion S	f	All other contributions, gifts, grants,			10 m ( 2000)	X 65/00		1 1 2 2 1 72 /
E th	1	and similar amounts not included above	1f	19,931	(*************************************	3 ( ) ( ) ( )		K 1967
ontr	g	Noncash contributions included in lines 1a-	1f \$					P. 1/2 1 3. 2 3
<u>2 E</u>	h	Total. Add lines 1a-1f		<u> </u>	27,596			
nue	_			Busn. Code	11/2 3/45	3.3%		
leve	2a							
Se F	b						<u> </u>	
Ž	C			-	<u> </u>			
n Se	d			-			<u></u>	
gran	e	All other and an area		-				 
Pro	_ T	All other program service reve	nue				L	<u> </u>
_	3	Total. Add lines 2a–2f Investment income (including	dwdende			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	<del></del>	, <u>, , , , , , , , , , , , , , , , , , </u>
	, J	and other similar amounts)	JIVIUGIIUS,	interest,	17,016			17,016
	4	Income from investment of tax	-evemnt h	ond proceeds	27,020			17,010
	5	Royalties	-exempt L	ona proceeds				
	•	(ı) Real		(II) Personal	,			,
	6a	Gross rents					`.	<b>*</b> * *
	b	Less rental exps			` .	·	` ,	,
	C	Rental inc or (loss)					,	12.3
	d	Net rental income or (loss)	ı	<b>•</b>	· /	* . ^	,	
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets other than inventory 1,055,	279	77	,	The second of	( ), (	100 m
	b	Less cost or other			<b>,</b> , ,	1 / 2 / 2 / 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. 1
		basis & sales exps 1,070,	409				. ( ) ( ) ( )	
	С	Gain or (loss) -15,	130	77				
	d	Net gain or (loss)		<u> </u>	-15,053			-15,053
	8a	Gross income from fundraising eve	nts	<del>-</del>	, ,	57's		· V
Other Revenue		(not including \$					······································	
- 6 - 6 - 6		of contributions reported on line 1c)			Ì	` , ` ,		144.5
F		See Part IV, line 18	a	2,186			4	350
¥		Less direct expenses	b	2,769	1'''	* * . `	, , ,	,,
٦		Net income or (loss) from fund		ents <b>&gt;</b>	-583	` `		
	9a	Gross income from gaming activities	s		<i>'</i>		,	
		See Part IV, line 19	a				, ·	<b>)</b>
		Less: direct expenses	b		٠,	`	`	` ,
		Net income or (loss) from gam	ing activit	ies 🕨			,	
	10a	Gross sales of inventory, less			Y 15.	, , , , , , , , , , , , , , , , , , ,	, > ,	` `
		returns and allowances	. a		35 34	,	`,	<b>(</b>
		Less cost of goods sold	. , b [		`	!	, ,	•
	<u>c</u>	Net income or (loss) from sale  Miscellaneous Revenue	s of inven	Busn Code	7		:	
	11a	MISCELISTICOUS KEVENUE		Busii Code	٠, ,			
	11a b			<u> </u>				
	C					<del></del>		<del></del>
	d	All other revenue						<del></del>
	8	Total. Add lines 11a-11d			·			`
	12	Total revenue. See instruction	ıs.	•	28,976	0	0	1,963
					<del></del>			

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c			mplete column (A).	
	Check if Schedule O contains a resp		<del></del>		
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			KM - W. S. J.	
2	and domestic governments See Part IV, line 21  Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			2 \ 2 \ 2 \ 3	
•	organizations, foreign governments, and foreign				S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	20,000	20,000		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	2,250	2,250		
8	Pension plan accruals and contributions (include	"		· · · · · · · · · · · · · · · · · · ·	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				<u>.</u>
b	Legal				
C	Accounting	1,125	· · · · · · · · · · · · · · · · · · ·	1,125	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			4 005	
f	Investment management fees	4,005		4,005	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12					
13	Office expenses				
14	Information technology				
15 16	Royalties				
17	Occupancy Travel	384	384		
	=Payments⊧of travel or⁻entertainment⁻expenses				
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	297	297		
23	Insurance				
24	Other expenses Itemize expenses not covered			, /	
	above (List miscellaneous expenses in line 24e If			"	6.536.5
	line 24e amount exceeds 10% of line 25, column		`` .		
	(A) amount, list line 24e expenses on Schedule O)	,			· '
а	MEETINGS & DINNERS	2,994	2,994	4 0 4 0	
b	OFFICE SUPPLIES	2,124	1,062	1,062	
C	DONATIONS	1,475	1,475		
d	SUNSHINE COMMITTEE	758 225	758	1 4 0	<del></del>
	All other expenses	35,637	85 29,305	<u>140</u> 6,332	0
25 26		33,03/	49,303	0,334	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here I if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 425,986 51,405 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 , s.s. sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 inventories for sale or use 8 Prepaid expenses and deferred charges g 10a Land, buildings, and equipment cost or 69,546 other basis Complete Part VI of Schedule D 10a 60,272 71 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 426,057 419,396 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 0 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 426,057 419,396 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 426,057 33 Total net assets or fund balances 419,396 33 419,396 426,057 Total liabilities and net assets/fund balances

orm	990 (2015) WESTPORT POLICE BENEVOLENT	23-7105434			_ Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line i	n this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			976
2	Total expenses (must equal Part IX, column (A), line 25)		2		35,	<u>637</u>
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>661</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	lumn (A))	4	4	26,	<u>057</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 ed	qual Part X, line				
	33, column (B))		10	_ 4	19,	<u> 396</u>
Рa	At XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line i	n this Part XII				
		<del>-</del> -			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrus	al Other				,
	If the organization changed its method of accounting from a prior year or check	ed "Other," explain in			K ·	
	Schedule O.				<b>N</b> (1	
2a	Were the organization's financial statements compiled or reviewed by an independent	endent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the	year were compiled or		(%)	i.	3
	reviewed on a separate basis, consolidated basis, or both					· `
	Separate basis Consolidated basis Both consolidated and	separate basis		١.	•	<u> </u>
b	Were the organization's financial statements audited by an independent accour	tant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the	year were audited on a				
	separate basis, consolidated basis, or both:				I	
	Separate basis Consolidated basis Both consolidated and	separate basis			1,	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of a	in independent accountant?		2c		
	If the organization changed either its oversight process or selection process dur	ang the tax year, explain in			1	, s
	Schedule O				<b>!</b> , :	1.4
3a	As a result of a federal award, was the organization required to undergo an aud	it or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	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	en to undergo such audits		36		

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Inspection .

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

<u>• \$</u>	Section 501(c)(4), (5), or (6) organizations: Complete Part II	l				
Nam	e of organization WESTPORT POLICE BEN	EVOLENT		Employer ident	ification number	
	ASSOCIATION INC		23-7105434			
Pai	rt I-A Complete if the organization is exen	npt under section 501(c	) or is a section	on 527 organizatio	on.	
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV			
2	Political expenditures			▶ \$		
3	Volunteer hours					
Par	t I-B Complete if the organization is exen	npt under section 501(c	:)(3).			
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955		▶ \$		
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	55	▶ \$		
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No	
4a	Was a correction made?				Yes No	
	If "Yes," describe in Part IV					
Pa	<u>til-C</u> Complete if the organization is exen	npt under section 501(c	), except sect	ion 501(c)(3).		
1	Enter the amount directly expended by the filing organizat	on for section 527 exempt fund	ction			
	activities			▶ \$		
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	section			
	527 exempt function activities			▶ \$		
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,					
	line 17b			▶ \$		
4	Did the filing organization file Form 1120-POL for this year				Yes No	
5	Enter the names, addresses and employer identification n	umber (EIN) of all section 527	political organization	ons to which the filing		
	organization made payments For each organization listed	l, enter the amount paid from th	ne filing organization	on's funds Also enter		
	the amount of political contributions received that were pro-	omptly and directly delivered to	a separate politica	al organization, such		
	as a separate segregated fund or a political action commit	tee:(PAC)If-additional space-	s needed, provide	Information in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
				filing organization's	contributions received and promptly and directly	
			•	funds If none, enter -0-	delivered to a separate	
					political organization If	
			ļ. <del></del> .		none, enter -0-	
(1)						
(2)		-	-			
(3)						
(4)	<del></del>	<u> </u>			-	
(F)						
(5)						
(6)		*				
			ĺ			

	Lobbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a Lobbying nontaxable amount			· ,		
b Lobbying ceiling amount (150% of line 2a, column(e))			,		
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) 2015

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٦,	 •	٠.

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) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 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 X Were substantially all (90% or more) dues received nondeductible by members? 1 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) 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 b Carryover from last year 2b 2с 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?

Supplemental Information Part IV

Taxable amount of lobbying and political expenditures (see instructions)

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2015 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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ame of the organization			Employer identification number			
	WESTPORT POLICE BENEVOLENT			23-7105434			
	SSOCIATION INC  art I Organizations Maintaining Donor Advised Full	nds or Other Similar Funds or A					
e (Pr	Complete if the organization answered "Yes" on F	Form 990. Part IV. line 6	CCOunt	5.			
	oomplote is the organization and organization	(a) Donor advised funds	(b	) Funds and other accounts			
1	Total number at end of year	(4)					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised					
•	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor advisors in						
Ī	only for charitable purposes and not for the benefit of the donor or donor						
	conferring impermissible private benefit?	advices, or lot any earles purpose		Yes No			
P	art II Conservation Easements.						
-, .	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		<u> </u>			
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically impo	ortant land	area			
	Protection of natural habitat	Preservation of a certified historic	structure				
	Preservation of open space	_					
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation				
	easement on the last day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
t	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c				
c	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a					
	historic structure listed in the National Register		_2d				
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during	the			
	tax year ▶						
4	Number of states where property subject to conservation easement is I	ocated >					
5	Does the organization have a written policy regarding the periodic mon	toring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	asements	during the year			
	•						
<b>-7</b> -	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	nents durin	g the year			
_	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(i)	)	□ v □ u			
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Part II Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
•	Complete if the organization answered "Yes" on F		J				
12	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	palance sh	eet			
	works of art, historical treasures, or other similar assets held for public	-					
	public service, provide, in Part XIII, the text of the footnote to its financi	al statements that describes these items					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet						
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of						
	public service, provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2							
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$			
b	Assets included in Form 990, Part X			\$			

Schedule D (Form 990) 2015 WESTPOR	T POLICE BE	NEVOLENT		23-7	105434	Page 2
Part III Organizations Maintain	ing Collections of	Art, Historical T	reasures,	or Othe	r Similar Ass	
3 Using the organization's acquisition, acce collection items (check all that apply):						
a Public exhibition	d 🗍	Loan or exchange pro	ograms			
b Scholarly research	е 🗍	Other				
c Preservation for future generations						
4 Provide a description of the organization's	collections and explai	n how they further the	organization	's exempt ;	ourpose in Part	
XIII.			•			
5 During the year, did the organization solic	it or receive donations	of art, historical treasu	ires, or other	sımılar		
assets to be sold to raise funds rather tha	n to be maintained as	part of the organization	n's collection	?		Yes No
**Part IV Escrow and Custodial A						
Complete if the organization	ion answered "Yes	" on Form 990, Pa	art IV, line	9, or rep	orted an amou	unt on Form
990, Part X, line 21.	1.0					
1a Is the organization an agent, trustee, cust	odian or other intermed	diary for contributions of	or other asse	ts not		
ıncluded on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part >	(III and complete the fo	ollowing table				
						Amount
c Beginning balance					_1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount or	·	•				∐ Yes ∐ No
b If "Yes," explain the arrangement in Part	(III Check here if the e	xplanation has been p	rovided on P	art XIII		
Part V Endowment Funds.	an anawarad "Vaa	" an Farm 000 Da		40		
Complete if the organizat					(4) 71	
As Decision of very believe	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years ba	(e) Four years back
1a Beginning of year balance			-			
b Contributions			<del> </del>			
<ul> <li>Net investment earnings, gains, and losses</li> </ul>			İ			
d Grants or scholarships						-
e Other expenditures for facilities and		1				
programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the o	current vear end balance	e (line 1g. column (a))	held as:			<b>I</b>
a Board designated or quasi-endowment ▶	•	( ()				
	%					
c Temporarily restricted endowment	<del></del> %	<del></del>			<del></del>	<del></del>
The percentages on lines 2a, 2b, and 2c s	should equal 100%					
3a Are there endowment funds not in the pos	session of the organiz	ation that are held and	administere	d for the		
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	red on Schedule R?				3b
4 Describe in Part XIII the intended uses of		owment funds	_			
Part VI Land, Buildings, and Eq						
Complete if the organizati	on answered "Yes	<u>" on Form 990, Pa</u>	art IV, line	<u>11a See</u>	Form 990, Pa	art X, line 10
Description of property	(a) Cost or other	''		l ''	ccumulated	(d) Book value
	(investment)	(oth	er)	de	preciation	<del></del>
1a Land					. 30, 50	
<b>b</b> Buildings						
c Leasehold improvements			60 546		60.075	
d Equipment	<u> </u>		69,546		60,272	9,274
e Other	et equal Farm 200 F	t V aslum (D) lim (1)	0- \	<u> </u>		
Total. Add lines 1a through 1e. (Column (d) mu	si equal norm 990, Pal	LV COIRMU (R) ING 16	UC)		▶	9,274

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	s" on Form 990, Part IV. I	ine 11b 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-year market value
(1) Financial	derivatives		
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	" = 000 = 1011	
	Complete if the organization answered "Yes		
	(a) Description of investment	(b) Book value	(c) Method of valuation
	<del></del>		Cost or end-of-year market value
(1)		<del>-</del>	
(2)			
(3)			
(4)			
(5)		<del></del>	
(6)			
(7)		<del></del>	
(8)			
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13 )		
Part IX	Other Assets.		
I dit ix	Complete if the organization answered "Yes	" on Form 990 Part IV I	ine 11d See Form 900 Part X June 15
	(a) Description		(b) Book value
(1)	(4)		(b) book value
(2)			· · · · · · · · · · · · · · · · · · ·
(3)	<u></u>		
(4)		V. V.	
(5)		·	7/ 8 1/
(6)			
(7)	<del></del>		
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>•</b>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes	" on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			山 さきない きゅうしん
(8)			
(9)			<b>」</b>
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization's	s financial statements that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 74	(0) Check here if the text of the	e footnote has been provided in Part XIII

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

Part XIII Supplemental Information.

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

e Add lines 2a through 2d

Subtract line 2e from line 1

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

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.

2e

3

4c

5

Schedule D (Form 990) 2015 WESTPORT POLICE BENEVOLENT

23-7105434

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to 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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

WESTPORT POLICE BENEVOLENT ASSOCIATION INC

Employer Identification number 23 – 7105434

Form 990, Part VI - Additional Information

CONFLICT OF INTEREST, WHISTELBLOWER, & DOCUMENT RETENTION POLICIES IN PLACE

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 15b -- Compensation Process for Officers

THE BOARD REVIEWS AND APPROVES EMPLOYEE STIPENDS FOR REIMBURSEMENTS. TOTAL

STIPDENDS ARE \$2250. SEE FORM 990, PART VII.

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