

3

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990ez.

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
NASHUA POLICE PATROLMAN'S ASSN

Number and street (or P O box, if mail is not delivered to street address) PO BOX 3783	Room/suite
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City or town, state or province, country, and ZIP or foreign postal code
NASHUA, NH 030613783

D Employer identification number

02-0397822

E Telephone number

F Group Exemption Number	Exemption Description	Exemption Amount	Exemption Period	Exemption Status
1	Exemption 1	\$10,000	1/1/2020 - 12/31/2020	Active
2	Exemption 2	\$5,000	1/1/2020 - 12/31/2020	Active
3	Exemption 3	\$2,500	1/1/2020 - 12/31/2020	Active
4	Exemption 4	\$1,250	1/1/2020 - 12/31/2020	Active
5	Exemption 5	\$625	1/1/2020 - 12/31/2020	Active
6	Exemption 6	\$312.50	1/1/2020 - 12/31/2020	Active
7	Exemption 7	\$156.25	1/1/2020 - 12/31/2020	Active
8	Exemption 8	\$78.12	1/1/2020 - 12/31/2020	Active
9	Exemption 9	\$39.06	1/1/2020 - 12/31/2020	Active
10	Exemption 10	\$19.53	1/1/2020 - 12/31/2020	Active
11	Exemption 11	\$9.77	1/1/2020 - 12/31/2020	Active
12	Exemption 12	\$4.88	1/1/2020 - 12/31/2020	Active
13	Exemption 13	\$2.44	1/1/2020 - 12/31/2020	Active
14	Exemption 14	\$1.22	1/1/2020 - 12/31/2020	Active
15	Exemption 15	\$0.61	1/1/2020 - 12/31/2020	Active
16	Exemption 16	\$0.30	1/1/2020 - 12/31/2020	Active
17	Exemption 17	\$0.15	1/1/2020 - 12/31/2020	Active
18	Exemption 18	\$0.07	1/1/2020 - 12/31/2020	Active
19	Exemption 19	\$0.04	1/1/2020 - 12/31/2020	Active
20	Exemption 20	\$0.02	1/1/2020 - 12/31/2020	Active
21	Exemption 21	\$0.01	1/1/2020 - 12/31/2020	Active
22	Exemption 22	\$0.00	1/1/2020 - 12/31/2020	Active
23	Exemption 23	\$0.00	1/1/2020 - 12/31/2020	Active
24	Exemption 24	\$0.00	1/1/2020 - 12/31/2020	Active
25	Exemption 25	\$0.00	1/1/2020 - 12/31/2020	Active
26	Exemption 26	\$0.00	1/1/2020 - 12/31/2020	Active
27	Exemption 27	\$0.00	1/1/2020 - 12/31/2020	Active
28	Exemption 28	\$0.00	1/1/2020 - 12/31/2020	Active
29	Exemption 29	\$0.00	1/1/2020 - 12/31/2020	Active
30	Exemption 30	\$0.00	1/1/2020 - 12/31/2020	Active
31	Exemption 31	\$0.00	1/1/2020 - 12/31/2020	Active
32	Exemption 32	\$0.00	1/1/2020 - 12/31/2020	Active
33	Exemption 33	\$0.00	1/1/2020 - 12/31/2020	Active
34	Exemption 34	\$0.00	1/1/2020 - 12/31/2020	Active
35	Exemption 35	\$0.00	1/1/2020 - 12/31/2020	Active
36	Exemption 36	\$0.00	1/1/2020 - 12/31/2020	Active
37	Exemption 37	\$0.00	1/1/2020 - 12/31/2020	Active
38	Exemption 38	\$0.00	1/1/2020 - 12/31/2020	Active
39	Exemption 39	\$0.00	1/1/2020 - 12/31/2020	Active
40	Exemption 40	\$0.00	1/1/2020 - 12/31/2020	Active
41	Exemption 41	\$0.00	1/1/2020 - 12/31/2020	Active
42	Exemption 42	\$0.00	1/1/2020 - 12/31/2020	Active
43	Exemption 43	\$0.00	1/1/2020 - 12/31/2020	Active
44	Exemption 44	\$0.00	1/1/2020 - 12/31/2020	Active
45	Exemption 45	\$0.00	1/1/2020 - 12/31/2020	Active
46	Exemption 46	\$0.00	1/1/2020 - 12/31/2020	Active
47	Exemption 47	\$0.00	1/1/2020 - 12/31/2020	Active
48	Exemption 48	\$0.00	1/1/2020 - 12/31/2020	Active
49	Exemption 49	\$0.00	1/1/2020 - 12/31/2020	Active
50	Exemption 50	\$0.00	1/1/2020 - 12/31/2020	Active
51	Exemption 51	\$0.00	1/1/2020 - 12/31/2020	Active
52	Exemption 52	\$0.00	1/1/2020 - 12/31/2020	Active
53	Exemption 53	\$0.00	1/1/2020 - 12/31/2020	Active
54	Exemption 54	\$0.00	1/1/2020 - 12/31/2020	Active
55	Exemption 55	\$0.00	1/1/2020 - 12/31/2020	Active
56	Exemption 56	\$0.00	1/1/2020 - 12/31/2020	Active
57	Exemption 57	\$0.00	1/1/2020 - 12/31/2020	Active
58	Exemption 58	\$0.00	1/1/2020 - 12/31/2020	Active
59	Exemption 59	\$0.00		

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 139,084**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	52,190		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3	69,674		
	4	Investment income		4	4		
	5a	Gross amount from sale of assets other than inventory	5a		5c		
	b	Less cost or other basis and sales expenses	5b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming and fundraising events				6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	17,216			
	c	Less direct expenses from gaming and fundraising events	6c	10,954			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
	7a	Gross sales of inventory, less returns and allowances	7a		7c		
b	Less cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)		8				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	128,130			
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	10,123		
	11	Benefits paid to or for members		11	25,549		
	12	Salaries, other compensation, and employee benefits		12	19,000		
	13	Professional fees and other payments to independent contractors		13	28,274		
	14	Occupancy, rent, utilities, and maintenance		14			
	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe in Schedule O)		16	33,670		
	17	Total expenses. Add lines 10 through 16 ▶		17	116,616		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,514		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	67,440		
	20	Other changes in net assets or fund balances (explain in Schedule O)		20			
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	78,954		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	67,440	22 78,954
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	67,440	25 78,954
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,440	27 78,954

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

POLICE LABOR ORGANIZATION

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

28
See Additional Data Table

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

29 See Additional Data Table

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

30

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

21.011

31 Other program services (describe in Schedule U) ☐

(Grants \$)

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

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 Section 501(c)(7) organizations Enter 39a			
a Initiation fees and capital contributions included on line 9 39a			
b Gross receipts, included on line 9, for public use of club facilities 39b			
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶ NH			
42a The organization's books are in care of ▶ MIKE SULLIVAN Telephone no ▶ (603) 300-6007 Located at ▶ 10 IRIS ROAD MILFORD, NH ZIP + 4 ▶ 03055			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	►	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	►	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	►	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2018-08-02 Date		
	MICHAEL SULLIVAN TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PETER J HOUDE CPA	Preparer's signature	Date 2018-08-06	Check ☐ if self-employed	PTIN P00392416
	Firm's name ► HOUDE & COMPANY PROF ASSN			Firm's EIN ► 02-0374548	
	Firm's address ► 215-A MAIN ST NASHUA, NH 030602938			Phone no (603) 882-2785	

	May the IRS discuss this return with the preparer shown above? See instructions	►	☐ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 02-0397822
Name: NASHUA POLICE PATROLMAN'S ASSN

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SCHOLARSHIPS WERE PROVIDED TO NINE STUDENTS TO AID IN TUITION PAYMENTS CHARITABLE CONTRIBUTIONS WERE MADE TO THE NASHUA SOUP KITCHEN, NH POLICE CHIEFS ASSOCIATION, KEITH TROMBLEY SCHOLARSHIP FUND, AND THE SHOP WITH A COP FUND (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
29 FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENTS ORGANIZATION PROVIDED LEGAL AID FOR IT'S MEMBERS,AND ORGANIZATION PROVIDED FINANCIAL ASSISTANCE FOR POLICE PATROLMEN IN TIMES OF NEED (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

NASHUA POLICE PATROLMAN'S ASSN

Employer identification number

02-0397822

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF FUNDRAISER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,216			17,216
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	17,216			17,216
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,954			10,954
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				10,954
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				6,262

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No						
13 Indicate the percentage of gaming activity conducted in:							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td style="text-align: center;">13b</td> <td></td> <td style="text-align: center;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c If "Yes," enter name and address of the third party							
Name ►							
Address ►							
16 Gaming manager information							
Name ►							
Gaming manager compensation ► \$							
Description of services provided ►							
☐ Director/officer ☐ Employee ☐ Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
☐ Yes ☐ No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NASHUA POLICE PATROLMAN'S ASSN

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.

▶ 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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

02-0397822

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME DONATIONS TO NONPROFIT ORGANIZATION CASH CONTRIBUTION 5,623

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES PROF FUNDRAISING FEES 24,834 TELEPHONE EXPENSE 5,818 MEETING EXPENSES 1,663 OFFI CE EXPENSES 916 BANK FEES 87 NH TAX 102 INSURANCE 250 TOTAL 33,670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	SCHOLARSHIPS WERE PROVIDED TO NINE STUDENTS TO AID IN TUITION PAYMENTS CHARITABLE CONTRI BUTIONS WERE MADE TO THE NASHUA SOUP KITCHEN, NH POLICE CHIEFS ASSOCIATION, KEITH TROMBLEY SCHOLARSHIP FUND, AND THE SHOP WITH A COP FUND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENTS ORGANIZATION PROVIDED LEGAL AID FOR IT'S MEMBERS,AND ORGANIZATION PROVIDED FINANCIAL ASSISTANCE FOR POLICE PATROLMEN IN TIMES OF NEED