

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

► 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](http://www.irs.gov/form990ez).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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  
NISKAYUNA POLICE BENEVOLENT  
ASSOCIATION INCNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite  
PO BOX 9725City or town, state or province, country, and ZIP or foreign postal code  
SCHEONECTADY, NY 12309

D Employer identification number

14-1651685

E Telephone number

(518) 374-3150

F Group Exemption  
Number ►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: ► [www.niskayunapba.org](http://www.niskayunapba.org)J Tax-exempt status (check only one) -  501(c)(3)  501(c)(5) (insert no)  4947(a)(1) or  527K 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 ► \$ 66,188

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	51,608
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	14,511
4	Investment income . . . . .	4	69
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less cost or other basis and sales expenses . . . . .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6	Gaming and fundraising events		
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	0
c	Less direct expenses from gaming and fundraising events . . . . .	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less cost of goods sold . . . . .	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe in Schedule O) . . . . .	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	66,188
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	4,100
11	Benefits paid to or for members . . . . .	11	9,727
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	13,395
14	Occupancy, rent, utilities, and maintenance . . . . .	14	132
15	Printing, publications, postage, and shipping . . . . .	15	16,500
16	Other expenses (describe in Schedule O) . . . . .	16	11,431
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	55,285
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	10,903
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	134,663
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	145,566





**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 . . . . .

	Yes	No
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 . . . . .

**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 . . . . .

	Yes	No
47		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48	
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b	
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**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
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ►

**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
NONE		

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ►

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

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

2018-05-15  
Date

TODD FRENYEA Treasurer  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHAEL J RYAN CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00016749
	Firm's name ► Slocum DeAngelus & Assocs CPAs PC			Firm's EIN ► 14-1667185	
	Firm's address ► 974 Albany-Shaker Road Latham, NY 12110			Phone no (518) 783-6000	

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

## Additional Data

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 14-1651685  
**Name:** NISKAYUNA POLICE BENEVOLENT  
ASSOCIATION INC

### 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.)
<b>28 MEMBER BENEFITS</b> (Grants \$ 9,727)  If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
~~Internal Revenue Service~~Name of the organization  
NISKAYUNA POLICE BENEVOLENT  
ASSOCIATION INC**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

14-1651685

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$3383

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$265

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1362

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	PBA FUNCTIONS \$5467

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BOARD OF DIRECTORS/OFFICERS' \$879

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CHAR 500 FEE \$75

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$794 Machinery and Equipment - Ending \$529

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$568 Prepaid Expenses and Deferred Charges - Ending \$568

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	NYS FEE PAYABLE - Beginning \$75 NYS FEE PAYABLE - Ending \$75