2949325108009 8

Form **990**

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning , and ending				
В	Check if app	olicable C Name of organization WESTPORT POLICE BENEVOLENT		DE	mploye	r identification number
	Address cha	ange ASSOCIATION INC			_	
\equiv	Nama abas	Doing business as				105434
昗	Name chang	Number and street (of PO box it it all is not delivered to street address)				e number 341-6017
	Initial return	1710			03-	341-0017
	Final return/ terminated					
<u> </u>		WESTPORT CT 06880			Gross rece	eipts \$ 1,012,398
=	Amended re	F Name and address of principal officer		H(a) is this a group re	him for si	ibordinates? Yes X No
	Application	pending BRENDAN FEARON		rita) is also a group to		
				H(b) Are all subordin	ates ındı	uded? Yes No
			5	If "No," atta	ch a list	(see instructions)
1	Tax-exem	pt status 501(c)(3) X 501(c) (5) ◄ (insert no) 4947(a)(1) or 527	ער			
	Website	/-		H(c) Group exemption	n numbe	er >
	Form of org		L Ye	ear of formation		M State of legal domicile
*****	art i	Summary				
1		nefly describe the organization's mission or most significant activities				· · · · · · · · · · · · · · · · · · ·
	' "	BENEFIT OF REGULAR MEMBERS OF THE WESTPORT POLICE FORCE	יר קי	O PROMOTE A	NTD A	TD .
9		IN THE SOCIAL AND GENERAL WELFARE OF ITS MEMBERS, PROM				•
Таг			OIE	CHIMICADIAL		
Activities & Governance		ALL RANKS AND BE ACTIVE IN COMMUNITY AFFAIRS.				•
9	1	heck this box ▶ ☐ if the organization discontinued its operations or disposed of more than	25%	of its net assets	ا ـ ا	6.4
ಹ	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	64
ies	1	umber of independent voting members of the governing body (Part VI, line 1b)			4	64
<u>×</u>	5 To	otal number of individuals employed in calendar year 2017 (Part V, line 2a)			5	0
ct	6 Te	otal number of volunteers (estimate if necessary)			6	0
•	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	bN	et unrelated business taxable income from Form 990-T, line 34			7b	0
			_	Prior Year		Current Year
ø.	8 C	ontributions and grants (Part VIII, line 1h)	դ ∟	44,	148	32,470
Ž	9 P	rogram service revenue (Part VIII, line 2g)	Į L			0
Revenue	10 In	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)	1 L	9,	780	61,858
Ř	11 0	otal revenue – add lines 8 through 11 (must equal Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			615	423
	12 T	otal revenue – add lines 8 through 11 (must equal Part VI) Column (A); line 12) 2018		54,	543	94,751
_	13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	1	enefits paid to or for members (Part IX, column (A), line 4)	ΊΓ	47,	000	14,028
		alanes, other compensation, employee benefits (Part IX, column (A)-lines-5-10)	j [2,	250	2,250
xbeuses		rofessional fundraising fees (Part IX, column (A), line 11e)	_			0
9	1	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0				<u> </u>
X		out railed by bridge (* art ixt, belaim (b), mile 20, v	F	19,	990	22,572
	I.	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	F	69,		38,850
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	⊢	-14,		55,901
وي	19 R	evenue less expenses Subtract line 18 from line 12		Beginning of Current		End of Year
Net Assets or	20 T	otal assets (Part X, line 16)	F	404,		460,600
4886 Rais	20 T	otal liabilities (Part X, line 26)	F		0	0
Zet.	22 1	let assets or fund balances Subtract line 21 from line 20	┝	404,		460,600
	art II	Signature Block				
					l	des and belief it is
U	Inder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and stater ct, and complete Declaration of prepagar (other than officer) is based on all information of which preparei	nents, r has a	and to the best of my	Knowie	age and belier, it is
	de, correc	n, and complete becautally of preparation of which property	1100 0		_	
		Drinka Glemo) Date	
Sig		Signature of officer			Date	
He	re		SII	DENT		
i		Type or print name and title				
)		Print/Type preparer's name Preparer's tignature		Date	Check	└
Pai	id	FRANCIS S. INFURCHIA, CPA		05/14/18	self-en	
Pre	eparer [Firm's name FRANCIS S. INFURCHIA & COMPANY, LL	C	Firm's	EIN 🕨	26-1387840
Us	e Only	45 EAST AVENUE				_
	j	Firm's address NORWALK, CT 06851		Phon	e no	203-852-7088
Ma	y the IRS	6 discuss this return with the preparer shown above? (see instructions)				X Yes No
_	•	ork Reduction Act Notice, see the separate instructions.				Form 990 (2017)
DAA						

Form 990 (2017)	WESTPORT POLICE E	BENEVOLENT	23-7105434	Page 2
•	Statement of Program Serv	•		
	Check if Schedule O contains tribe the organization's mission.	s a response or note to any line in t	this Part III	
BENEFIT IN THE	OF REGULAR MEMBER SOCIAL AND GENERAL	RS OF THE WESTPORT PO L WELFARE OF ITS MEMB IN COMMUNITY AFFAIRS.		
2 Did the orga	anization undertake any significant p	program services during the year which wer	e not listed on the	
pnor Form 9	990 or 990-EZ?			Yes X No
•	scribe these new services on Sched			
3 Did the orga services?	anization cease conducting, or make	significant changes in how it conducts, an	y program	Yes X No
	scribe these changes on Schedule (les [1] No
4 Describe the expenses S	e organization's program service ac	complishments for each of its three largest anizations are required to report the amount		
WESTPOR OF ITS COMMUNI MEMBERS OF THE NOW RET THE: WES RETIREM	T POLICE FORCE TO MEMBERS, PROMOTE OF TY AFFAIRS. HIP IN THE WESTPORT POLICE DISTRICT FROM ACTIVE SET TORT PBA, THROUGHENT/DEATH BENEFIT,	REATED FOR THE BENEFIT PROMOTE AND AID IN TO CAMARADERIE AMONG ALL RT PBA IS COMPRISED OF EPARTMENT AND ALL FOR SERVICE. H ITS BY-LAWS, HAS EST, RESPECTIVELY, FOR AUTOMOTE BY-LE BY-LE BY-LE BY-LE	HE SOCIAL AND GENERAL RANKS AND BE ACTIVE F ALL OF THE REGULAR MER MEMBERS THEREOF WE TABLISHED A \$5000 AND THE REGULAR TABLISHED A \$5000 AND THE REGIBLE MEMBER IN	WELFARE IN MEMBERS THO ARE
4b (Code-) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				-
				-
				•
				•
				• •
				•
				-
				•
4d Other progra	am services (Describe in Schedule (<u> </u>		
(Expenses		uding grants of \$) (Revenue \$)
	m service expenses >	31,286		
1AA			- 	Form 990 (2017

Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, 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," 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 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - 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
 - 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
 - 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
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- 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)
- 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
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

	Yes	No
		v
2		X
3		X
4		
	x	
5		
6_		<u>x</u>
7		X
8		_ X _
		x
9		
10		X
11111		
11a	x	
11b		X
11c		X
11d		X
11e		X
11f	-	<u>x</u>
12a		x
12b		х
13		X
14a		X
14b		x
15		x
16		<u>x</u>
17		x
18		x
_19		x
Fo	m 99(0 (2017)

P	art IV Checklist of Required Schedules (continued)			,
			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 _	<u> </u>
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_	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ĺ		
	Part IX, column (A), line 2? 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	1		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	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	1		,
	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		Ì	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ļ	
	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?		1	
	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	Î		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or		Ì	
	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			x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			İ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	ĺ	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	ŀ	X
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	280		
С	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 more than \$25,000 in horizont contributions: It is res, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	 -	
30	conservation contributions? If "Yes," complete Schedule M	30	ļ	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		
•	Part I	31	İ	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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, Part 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	35Ь		
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		L
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,	}	}	1
	Part VI	37		x

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O

38

38

₽ĕ	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		,	
		£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0			
þ		-[
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	x	
٥-	reportable gaming (gambling) winnings to prize winners?	1c	Α	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		:
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 00		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(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 taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┩_ ┃		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations.Enter.	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┪		
11	Section 501(c)(12) organizations. Enter	7]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7 1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L
DAA		For	m カカ) (2017)

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 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 Enter the number of voting members included in line 1a, above, who are independent 64 1b 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? X 2 3 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? 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 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 one or more members of the governing body? 7<u>a</u> X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 X 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 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? X 16a 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? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records > SERENITY DOBSON 50 JESUP ROAD WESTPORT CT 06880 203-341-6017

om 900 (2017)	WECLDUDA	POLICE	BENEVOLENT
OTTI 99U (2017)	M CALPUR I	FULLCE	DENEVOLINI

^	2		7	1	Λ		1	2	4	
')	- 1	_	1		()	_	4	.5	4	

Page 7

Part VII.	Compensation of Officers, Directors	, Trustees, Key Employees,	, Highest Compensated	Employees, and
	Independent 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

(A) Name and Title	Average Por Average Por Por Por Por Por Por Por Por Por Por		Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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)	(W-2/1099-MISC)	organization and related organizations	
(1) BRENDAN FEARON		t	T		\vdash						
	0.00						ŀ				
PRESIDENT	0.00	X						750	0	(
(2) SERENITY DOBSON											
	0.00	1									
TREASURER	0.00	x						500	o	(
(3) JILLIAN CABANA		1									
	0.00	-									
SECRETARY - FORMER	0.00	x						500	О	(
(4) SCOTT MORRISON											
•	0.00							:			
VICE PRES FORMER	0.00	X			i			500	0	(
(5) JOHN LAURIA		1		 							
` '	0.00	1									
VICE PRESIDENT	0.00	x						0	0	(
(6) SHARON RUSSO	0.00	╁═╴		-	-	 -					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00										
SECRETARY	0.00	x						0	0	(
(7)	0.00	-	\vdash		-	┝─┤		0			
(1)											
(8)		_									
(9)	-										
(10)											
(11)		 .			_						
DAA										Form 990 (20 ⁻	

Pa	rt VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mp	loye	es, a	and Highest Compensated	d Employee(continued)						
	(A) Name and title	(B) Average hours per week (list any	bo	x, unt	Pos check ess po	erson	than on the street that the st	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth comper	ated nt of er sation				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organi and re	from the organization and related organizations				
1b c	Total from continuation she	ets to Part VII, S	Secti	on A	۱		.	>	2,250							
2 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation fro				ose	liste	d abo	ve)		00,000 of						
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated	ı	3	Yes	No X			
4	For any individual listed on line organization and related organization	zations greater th	han \$	150,	,000	? If "	Yes,	" соп	mplete Schedule J for such		4		х			
5	Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								dividual 	5		х			
1	ion B. Independent Contractor Complete this table for your five compensation from the organiz	e highest comper														
		(A) business address								(B) tion of services		(C) ompensat	tion			
		. — -														
			-													
2	Total number of independent or received more than \$100,000 or	ontractors (includ	ing b	out no	ot lim	nited	to th	ose	listed above) who	0						
DAA		., John Den Battori I	. 5111		. yaı	<u>a</u> t	.011			<u> </u>	F.	rm 99	0 (2017)			

Pa	ırt V		nent of Reve .ıf Schedule (tains a	response or	note to any line ir	this Part VIII		
	•		-	· .			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated can	npaigns	1a						
ran	ь	Membership d	. •	1b		11,055			I	i i
Ω,E	c	Fundraising ev		1c					1	"Water With A
sifts ar A	d	Related organ		1d					I	:
SE.	e	Government grants		1e					1	
Sign	f	All other contribution	ns, gifts, grants,						1	
the the		and similar amounts	not included above	1f		21,415			1	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ns included in lines 1a-	1f	\$				I	20 1
<u>2 E</u>	h	Total. Add line	es 1a-1f			<u> </u>	32,470			
Je						Busn Code			‡	Ē
ever	2a					ļ				
ě.	b									
چَ	C									-
n Se	d					———				
gran	e	A11 - 41								
Program Service Revenue		Total. Add line	am service rever	iue				·····		:
_			come (including d	ividenc	ls interes	st				
	•	and other simil				▶	28,779			28,779
	4		vestment of tax-	exemp	t bond pr	oceeds ►				
	5	Royalties			· · · · ·	• [
		,	(ı) Real		(n)	Personal			-	
	6a	Gross rents					1		1	
	b	Less rental exps							I	8 8 8 8 8
	С	Rental inc or (loss)					1		1	# #
	d	Net rental inco	me or (loss)			•				***************************************
	/a	Gross amount from sales of assets	(i) Secunties		(11	ı) Other	1		1	:
		other than inventory	950	614		112	1			
	b	Less cost or other			i				I	
		basis & sales exps	917		ļ		1		I	
		Gain or (loss)		967		112	22.2		1	
	d	Net gain or (los	•	. 1		•	33,079			33,079
ne	oa	(not including \$	om fundraising ever	າເຣ			1		I	<u>:</u>
Other Revenue			eported on line 1c)			j	Ī		1	4 4
Re		See Part IV, line		а		423			I	,
her	h	Less direct ex		b	· · · · · ·		I		1	•
ō			(loss) from fundr	- (events	•	423		Ī	- -
			om gaming activities						<u> </u>	
		See Part IV, line	-	а			I		‡	9
,	b	Less direct ex	penses	ь					1	Ī.
	c	Net income or	(loss) from gamı	ng acti	/ities	•				
	10a	Gross sales of	inventory, less							-
		returns and alle	owances	a			1		1	5
		Less cost of g		b			Į.		1	∄
	С		(loss) from sales	of inve	entory	•				
		Mıs	cellaneous Revenue			Busn Code	1		#	į
	11a					ļ				
	b							-		
	C	A11 -45								
	d	All other reven								
	е 12		s 11a–11d s. See instruction	•			94,751	0		61,858
	14	i Otal Tevellue	See INSTRUCTION	ა			74,/51	<u></u>	0	01,030

DAA

Form 990 (2017) WESTPORT POLICE BENEVOLENT

Statement of Functional Expenses

o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations		Скропосо	30.000.0000	
and domestic governments. See Part IV, line 21				- E
2 Grants and other assistance to domestic				
individuals See Part IV, line 22				÷ .
3 Grants and other assistance to foreign				······
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	14,028	14,028		
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 salaries and wages	2,250	1,125	1,125	
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):				
a Management				
b Legal				
c Accounting	2,505		2,505	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	3,915		3,915	
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	252	250		
17 Travel	350	350		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	174	174		
19 Conferences, conventions, and meetings	1/4	1/4		
20 Interest				
21 Payments to affiliates	1,570	1,570		
22 Depreciation, depletion, and amortization 23 Insurance	1,570	1,3,0		
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If	1			:
line 24e amount exceeds 10% of line 25, column			1	
(A) amount, list line 24e expenses on Schedule O)	1		1	
a MEETINGS & DINNERS	6,995	6,995		
b SUPPLIES	3,094	3,094		-
c SUNSHINE COMMITTEE	1,768	1,768		
d DONATIONS	1,659	1,659		
e All other expenses	542	523	19	
25 Total functional expenses Add lines 1 through 24e	38,850	31,286	7,564	
26 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
	1		İ	
fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)		l		

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 39,390 38,065 1 Cash---non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 71,039 other basis. Complete Part VI of Schedule D 10a <u>9,2</u>32 63,377 7,662 10b 10c b Less accumulated depreciation 414,873 356,077 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 404,699 460,600 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 404,699 460,600 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 460,600 33 Total net assets or fund balances 404,699 33 460,600 Total liabilities and net assets/fund balances 404,699

om	990 (2017) WESTPORT POLICE BENEVOLENT 23-7105434			Pa	ge 12
	rt XI . Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		38,	850
3	Revenue less expenses Subtract line 2 from line 1	3		55,	901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	04,	699
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6_			
7	Investment expenses	7			
8	Pnor 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 equal Part X, line				
	33, column (B))	10	4	60,	600
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ŧ
	Schedule O		ŀ		Ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		•		Ī
	Separate basis Consolidated basis Both consolidated and separate basis		ŧ		Ī
ь	Were the organization's financial statements audited by an independent accountant?		2b	1	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		•		[
	Separate basis Consolidated basis Both consolidated and separate basis		ŧ		İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ī	1	Ī
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				İ
3a	As a result of a federal award, was the organization required to undergo an audit 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 did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	1
			Fr	orm 99	0 (2017)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Onder Section 501(c) and Section 52:

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• S	Section 501(c)(4), (5), or (6) organizations Complete Part III.				
Name	ne of organization WESTPORT POLICE BENEVO	OLENT		Employer ident	ification number
	ASSOCIATION INC			23-71054	34
Par	It I-A Complete if the organization is exempt	under section 501(c)	or is a section 52	27 organization.	
1	Provide a description of the organization's direct and indirect po	olitical campaign activities in f	Part IV (see instruction	ns for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	•
3_			<u> </u>		
Par	et I-B Complete if the organization is exempt		3).		
1	Enter the amount of any excise tax incurred by the organization	under section 4955		▶ \$	-
2	Enter the amount of any excise tax incurred by organization ma	-		▶ \$	—
3	If the organization incurred a section 4955 tax, did it file Form 4	720 for this year?			Yes No
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV	dan acation 504/a)		(04/-)/2)	
	ert I-C Complete if the organization is exempt			01(c)(3).	
1		r section 527 exempt function	n	. .	
_	activities			▶ \$	•
2		o other organizations for sect	ion	. .	
•	527 exempt function activities			▶ \$	-
3		ere and on Form 1120-POL,		▶ ¢	
4	line 17b			▶ \$	☐Yes ☐ No
4	Did the filing organization file Form 1120-POL for this year?	(CINI) of all postion 507 pole	tical arrangestions to i	which the films	Tres No
5	Enter the names, addresses and employer identification numbe	• •		_	
	organization made payments. For each organization listed, enter	•	• •		
	the amount of political contributions received that were promptly	•			
	as a separate segregated fund or a political action committee (F		[(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				unds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)		<u>. </u>	 		
(.,					
(2)		······································			
(-,					
(3)					
(-,					
(4)					
. ,					
(5)					
(6)					
			1 1		

Sch	nedule C (Form 990 or 990-EZ) 2017 WEST	PORT POLICE	BENEVOLENT	•	23-7105434	Page 2
_	art II-A. Complete if the organiz	zation is exempt	under section 5	01(c)(3) and 1	filed Form 5768 (elec	
	section 501(h)).	<u> </u>			`	
		n belongs to an aff	iliated group (and li	st in Part IV ea	ch affiliated group mem	ber's name,
	address, EIN, expense	es, and share of ex	cess lobbying expe	nditures).		
В	Check ▶ ☐ if the filing organization	on checked box A	A and "limited conf	rol" provision:	s apply.	
	Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1:	a Total lobbying expenditures to influence pu	blic opinion (grass ro	ots lobbying)	1		
1	b Total lobbying expenditures to influence a l	egislative body (direc	t lobbying)	į	<u>-</u>	
•	c Total lobbying expenditures (add lines 1a a	ind 1b)		Ĺ		
(d Other exempt purpose expenditures].		
(Total exempt purpose expenditures (add lir 	nes 1c and 1d)		1		
	f Lobbying nontaxable amount. Enter the am	ount from the following	ng table in both	,		
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nor	ntaxable amount is:		1	
	Not over \$500,000	20% of the amoun	it on line 1e		I I	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	000,0	1	
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0		1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000	I	
	Over \$17,000,000	\$1,000,000				<u></u>
-	g Grassroots nontaxable amount (enter 25%			ŀ		
١	h Subtract line 1g from line 1a If zero or less			ŀ		
	i Subtract line 1f from line 1c If zero or less,		4.4 th	. Farm 4720		
	j If there is an amount other than zero on eit	ner line 1h or line 11, (aid the organization file	Form 4/20		Yes No
	reporting section 4911 tax for this year?					I ES NO
			ging Period Under			
	(Some organizations that ma					ımns below.
		See the separate	instructions for li	nes 2a throug	n 2f.)	-
	L	obbying Expendi	tures During 4-Ye	ar Averaging	Period	
	Calendar year (or fiscal year	(-) 0044	(1) 0045	/-\ 0040	(4) 0047	(a) Total
	beginning in)	(a) 2014	(b) 2015	(c) 2016	6 (d) 2017	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount			1		
	(150% of line 2a, column (e))			•		
	(10070 01 1110 24, 00141111 (0))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
•	e Grassroots ceiling amount			‡ ‡		
	(150% of line 2d, column (e))		<u> </u>	<u> </u>		
	f Grassroots lobbying expenditures				1	

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No **Amount** description of the lobbying activity During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a 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? j Total Add lines 1c through 1 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). No Yes X Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? X Did the organization agree to carry over lobbying and political campaign activity expenditures from the pnor 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 Carryover from last year 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

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) 2017 WESTPORT POLICE BENEVOLENT

23-7105434

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. Go to www.irs.gov/Form990for instructions and the latest information. OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization WESTPORT POLICE BENEVOLENT 23-7105434 ASSOCIATION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year 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 exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2017 WESTPORT	LOTICE BEN	EVOLENT		23-7	105434		Page 2
Part III . Organizations Maintaining	ng Collections of	Art, Historical Tr	easures, o	r Other	Similar Ass	ets	continued)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follo	wing that are a	significar	nt use of its		
a Public exhibition	d 🗌	Loan or exchange pro	grams				
b Scholarly research	e 🗍	Other					
c Preservation for future generations							
4 Provide a description of the organization's	collections and explain h	now they further the or	ganization's e	xempt pur	pose in Part		
XIII							
5 During the year, did the organization solicit			•	ıllar			□ Vas □ Na
Part IV Escrow and Custodial A		t of the organization's	collection				Yes No
Complete if the organization 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9,	or repo	rted an amo	unt on	Form
1a Is the organization an agent, trustee, custor	dian or other intermedia	ny for contributions or	other accete p	ot .			
included on Form 990, Part X?	nan or other intermedia	ry for contributions of	Outer assets it	iot			Yes No
b If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table					
b ii res, explain the arrangement iii ratt xii	and complete are folio	wing table					Amount
c Beginning balance					1c		7 11104111
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount on	Form 990 Part X line 2	1 for escrow or custo	dial account lis	ability?			Yes No
b If "Yes," explain the arrangement in Part XII				•			
Part V Endowment Funds.	<u> </u>	-and boom pro	THE OWN THE TENE				
Complete if the organization	on answered "Yes"	on Form 990. Pai	t IV. line 10).			
	(a) Current year	(b) Pnor year	(c) Two yes		(d) Three year	s back	(e) Four years back
1a Beginning of year balance					· · · · · · · · · · · · · · · · · · ·		
b Contributions							
c Net investment earnings, gains, and			1				
losses							
d Grants or scholarships			1				
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cui	rent year end balance (line 1g, column (a)) he	eld as				<u> </u>
a Board designated or quasi-endowment	%						
b Permanent endowment ▶ %	, 6						
c Temporarily restricted endowment ▶	%						
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a Are there endowment funds not in the posse	ession of the organization	on that are held and a	dministered for	r 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 organize	ations listed as require	d on Schedule R?					3b
4 Describe in Part XIII the intended uses of th	e organization's endow	ment funds					
Part VI Land, Buildings, and Equ							
Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 11	a. See	Form 990, P	art X,	line 10
Description of property	(a) Cost or other t	pasis (b) Cost or	other basis	(c)	Accumulated		(d) Book value
	(investment)	(oth	ner)	de	epreciation		
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other			71,039		63,37	7	7,662
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	, column (B), line 10c)		•	• _	7,662

Part VII.	Investments—Other Securities.			
·	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11b. See Form 990, Pa	art X, line 12.
•	(a) Description of security or category	(b) Book value	(c) Method	of valuation
	(including name of security)		Cost or end-of-y	ear market value
(1) Financial d	denvatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		· · · · · · · · · · · · · · · · · · ·		
	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			<u> </u>
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990. Pa	rt X. line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)			-	
(5)			-	
(6)			- 	
(7)				
(8)				
(9)			-	
	(b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		<u>E</u>	
	Complete if the organization answered "Yes" on	Form 990 Part IV June	a 11d See Form 990 Pa	rt Y line 15
-	(a) Description	1 01111 000, 1 011 14, 1111	5 11d. Occ 1 5/11 550, 1 d	(b) Book value
(1)			····	(0,000,1000
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)		<u> </u>		
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15.)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11e or 11f See Form 9	90 Part Y
	line 25.	. o ooo, r are re, and		50, r art 7,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes		-	÷. •
(2)			-	
(3)				
(4)			1	4
(5)			4	:
(6)			1	
(7)			┥	<u> </u>
(8)			┪	
(9)			-{	
	(b) must equal Form 990, Part X, col (B) line 25.) ▶		-{	:
	ncertain tax positions. In Part XIII, provide the text of the footr	note to the arrangement of the	annual state = = ++ +h =+	
organization's lis	ability for uncertain tax positions under FIN 48 (ASC 740) Chi	note to trie organization's fina	anciai statements that reports the	ie
ga	Che (ASC /40) Che	CON THE REST OF THE TOO	<u>miote nas peen provided in Par</u>	LAII

Total expenses and losses per audited financial statements

- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25.
- a Donated services and use of facilities
- **b** Prior year adjustments c Other losses
- d Other (Describe in Part XIII.)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 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
- **b** Other (Describe in Part XIII)
- c Add lines 4a and 4b
- Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

	ŀ	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

Supplemental Information.

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.

Schedule D (Form 990) 2017 WESTPORT POLICE BENEVOLENT

23-7105434

Page 5

Part X間. 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.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990for the latest information. 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 \$2,250. SEE FORM 990, PART VII.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC