



Extended to November 15, 2018

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## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2017

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

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

A For the 2017 calendar year, or tax year beginning

and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

Bellevue Police Officers Association

D Employer identification number

47-0628057

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

3018 S 87th St

City or town, state or province, country, and ZIP or foreign postal code

Omaha, NE 68124

05

E Telephone number

402-917-0827

F Group Exemption

Number

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [NEBPOA.ORG](http://NEBPOA.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

► \$ 164,875.

## 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	2,257.
2	Program service revenue including government fees and contracts	2	21,536.
3	Membership dues and assessments	3	93,506.
4	Investment income	4	20,985.
5a	Gross amount from sale of assets other than inventory	5a	18,022.
b	Less: cost or other basis and sales expenses	5b	18,686.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events	5c	-664.
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
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	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	8,569.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	146,189.
10	Grants and similar amounts paid (list in Schedule O)	See Schedule O	
11	Benefits paid to or for members	See Schedule O	
12	Salaries, other compensation, and employee benefits	10	3,000.
13	Professional fees and other payments to independent contractors	11	
14	Occupancy, rent, utilities, and maintenance	12	11,522.
15	Printing, publications, postage, and shipping	13	89,738.
16	Other expenses (describe in Schedule O)	14	212.
17	Total expenses Add lines 10 through 16	15	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	16	60,632.
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)	17	165,104.
20	Other changes in net assets or fund balances (explain in Schedule O)	18	-18,915.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	19	258,014.
		20	0.
		21	239,099.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

732171 11-22-17



11400515 769575 BPOA

2017.03040 Bellevue Police Officers As BPOA 1

**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	132,936.	98,498.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	125,078.	143,542.
25	<b>Total assets</b>	<b>258,014.</b>	<b>242,040.</b>
26	Total liabilities (describe in Schedule O)	0.	2,941.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>258,014.</b>	<b>239,099.</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

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 THE ESTABLISHMENT AND MAINTENANCE FOR FAIR WAGES. TO  
PROMOTE A BETTER UNDERSTANDING BETWEEN THE POLICE AND THE  
PUBLIC.

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

29

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

30

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

**31 Other program services (describe in Schedule O)**

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

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

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list e)

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jason Cvitanov				
President	5.00	0.	0.	0.
Zeb Simones				
Vice President/Treasurer	5.00	0.	0.	0.
John Stuck				
Secretary	5.00	0.	0.	0.

**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 Sch. O to respond to any question in this Part V

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  X

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  X

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  X

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  N/A

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  X

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  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0.

b Did the organization file Form 1120-POL for this year?  37b  X

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  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  N/A

39 Section 501(c)(7) organizations. Enter:  39a  N/A

a Initiation fees and capital contributions included on line 9  39b  N/A

b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  40b  N/A

section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A  40c  N/A

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  40d  N/A

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  40e  N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40f  N/A

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  41 List the states with which a copy of this return is filed ► None  42a The organization's books are in care of ► Midwest Accounting & Tax Ser Telephone no. ► 402-334-2888 Located at ► 3018 S 87TH ST, OMAHA, NE ZIP + 4 ► 68124  42b  X

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)?  42c  X

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).  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  N/A

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  X

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  X

c Did the organization receive any payments for indoor tanning services during the year?  44c  X

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  X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a  X

b 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  X

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

46  X

**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 Sch. C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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  N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

1 Total number of other employees paid over \$100,000 ►

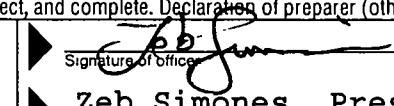
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(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 ►

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** ►  Date **6/19/18**  
► Zeb Simones, President  
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name  <i>John Gross</i>	Preparer's signature  <i>John Gross</i>	Date  <i>5/18</i>	Check <input type="checkbox"/> if self-employed	PTIN  <i>P00139014</i>
	Firm's name ► <b>Midwest Accounting &amp; Tax Service, Inc</b>			Firm's EIN ► <b>47-0805373</b>	
	Firm's address ► <b>3018 S 87th St Omaha, NE 68124</b>			Phone no. <b>(402) 334-2888</b>	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2017)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

Bellevue Police Officers Association

Employer identification number  
47-0628057

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
<u>Police CU</u>	<u>302.</u>
<u>THE PRINCIPAL FINANCIAL</u>	<u>2,046.</u>
<u>Principal - Unrealized Gain</u>	<u>18,637.</u>
<u>Total Included on Form 990-EZ, line 4</u>	<u>20,985.</u>

Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
<u>Prior Year Check Adjustment</u>	<u>8,569.</u>

Form 990-EZ, Part I, Line 10, Payments to Affiliates:

Affiliate Name: FOP Grand Lodge

Affiliate Address: 1410 Donelson Pike A-17 Nashville, TN 37217

Purpose of Payment: Membership Dues

<u>Amount of Payment:</u>	<u>1,195.</u>
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Affiliate Name: State Lodge FOP

Affiliate Address: 9323 Valley View Dr LaVista, NE 68128

Purpose of Payment: Membership Dues

<u>Amount of Payment:</u>	<u>1,805.</u>
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<u>Total included on Form 990-EZ, line 10</u>	<u>3,000.</u>
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Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

<u>Description of Expenses:</u>	<u>Amount:</u>
<u>Depreciation</u>	<u>212.</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

Bellevue Police Officers Association

Employer identification number

47-0628057

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>College Tuition/Donations</u>	<u>953.</u>
<u>Convention/Travel</u>	<u>3,894.</u>
<u>Sympathies/Memorials</u>	<u>1,234.</u>
<u>Banquets/Entertainment</u>	<u>2,470.</u>
<u>Website</u>	<u>322.</u>
<u>Fundraising</u>	<u>221.</u>
<u>Donations</u>	<u>1,986.</u>
<u>Contract Labor</u>	<u>15,008.</u>
<u>Meals/Entertainment</u>	<u>4,901.</u>
<u>Federal Excise Fee</u>	<u>28,300.</u>
<u>Advisory INVESTMENT FEE</u>	<u>1,343.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>60,632.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Security Investments</u>	<u>124,013.</u>	<u>142,689.</u>
<u>Other Depreciable Assets</u>	<u>1,065.</u>	<u>853.</u>
<u>Total to Form 990-EZ, line 24</u>	<u>125,078.</u>	<u>143,542.</u>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Checks Payable - Officer</u>	<u>0.</u>	<u>2,941.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - To work for theestablishment and maintenance of fair wages, working conditions, and

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Bellevue Police Officers Association

Employer identification number

47-0628057

civil service classifications. Also, to promote a better understanding between the police department and the public.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.