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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

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

BERKELEY POLICE ASSOCIATION

Doing business as

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

Room/suite

1700 SHATTUCK AVE

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

BERKELEY, CA 94709

D Employer identification number

94-6104546

E Telephone number

(800) 259-3372

G Gross receipts \$ 398,928

F Name and address of principal officer

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE FOR THE COMMON WELFARE OF MEMBERS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,199

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

2018-11-15

Date

SCOTT SALAS ASST TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Firm's name ▶ Tim Kelly & Associates

Firm's EIN ▶ 68-0475397

Firm's address ▶ 7801 N Pershing Avenue

Phone no (800) 259-3372

Stockton, CA 952071749

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO PROVIDE FOR THE COMMON WELFARE OF MEMBERS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                     | Yes        | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .                                                                                                                                                                         | <b>1</b>   | No |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .                                                                                                                                                                                                         | <b>2</b>   | No |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .                                                                                                                      | <b>3</b>   | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?<br><i>If "Yes," complete Schedule C, Part II</i> . . . . .                                                                                                        | <b>4</b>   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?<br><i>If "Yes," complete Schedule C, Part III</i> . . . . .                                                                            | <b>5</b>   | No |
| <b>6</b> 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?<br><i>If "Yes," complete Schedule D, Part I</i> . . . . .                                                 | <b>6</b>   | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .                                                                                            | <b>7</b>   | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets?<br><i>If "Yes," complete Schedule D, Part III</i> . . . . .                                                                                                                                                      | <b>8</b>   | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             | <b>9</b>   | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .                                                                                                     | <b>10</b>  | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                            |            |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10?<br><i>If "Yes," complete Schedule D, Part VI</i> . . . . .                                                                                                                                                                    | <b>11a</b> | No |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .                                                                                                     | <b>11b</b> | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .                                                                                                     | <b>11c</b> | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .                                                                                                                      | <b>11d</b> | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .                                                                                                                                                                                     | <b>11e</b> | No |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .                                                            | <b>11f</b> | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year?<br><i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .                                                                                                                                                     | <b>12a</b> | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .                                                                        | <b>12b</b> | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .                                                                                                                                                                                                        | <b>13</b>  | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                    | <b>14a</b> | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . | <b>14b</b> | No |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .                                                                                                           | <b>15</b>  | No |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .                                                                                                     | <b>16</b>  | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .                                                                                            | <b>17</b>  | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .                                                                                                                           | <b>18</b>  | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .                                                                                                                                                     | <b>19</b>  | No |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>                                                                                                                                                                                                              |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                                                             |     | No |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                 |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                                                      |     | No |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 |     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        |     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           |     | No |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                            |     |    |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?<br><i>If "Yes," complete Schedule L, Part I . . . . .</i>                                     |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?<br><i>If "Yes," complete Schedule L, Part II . . . . .</i>                              |     | No |
| <b>27</b> 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                    |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                 |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                     |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                   |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                                                      |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                   |     | No |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                          |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                  |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                             |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | Yes |    |

**Part 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  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1   |     |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 0   |     |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 1c  | Yes |
| <b>2a</b>  | 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   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | 2b  | No  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  | No  |
| <b>b</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  | No  |
| <b>4a</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)? | 4a  | No  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  | No  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  | No  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |     |
| <b>6a</b>  | 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  | No  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |     |
| <b>a</b>   | 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>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  |     |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  |     |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  |     |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          | 8   | No  |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  | No  |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  | No  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |     |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a | No  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a | No  |
| <b>b</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.                                                                                 | 13b |     |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | No  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | 14b |     |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 10 |     |    |
| 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.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 0  |     |    |
| <b>2</b> 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?                                               | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     |     | No |
| <b>7a</b> 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?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    |     | No |
| <b>9</b> 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.       | <b>9</b>     |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</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?                                                                   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.                                                                                                                                                                                                   | <b>12a</b> | No  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | No  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.                                                                                                                                          | <b>12c</b> | No  |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | No  |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | No  |
| <b>15</b> 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?                                                                        |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | No  |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | No  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                   |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | No  |
| <b>b</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? | <b>16b</b> |     |

**Section C. Disclosure**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>17</b> List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                    |  |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| <b>19</b> 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.                                                                                                                                                                                                              |  |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records.<br>▶TREASURER 1700 SHATTUCK AVE BERKELEY, CA 94709 (800) 259-3372                                                                                                                                                                                                                              |  |

Check if Schedule O contains a response or note to any line in this Part VII ☐

**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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

## Section B. Independent Contractors

| (A)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

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**Part VIII** **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                           |                                                                                                                                                               |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>1a</b> Federated campaigns . . .                                                                                                                           | <b>1a</b>                 |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Membership dues . . .                                                                                                                                | <b>1b</b>                 |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Fundraising events . . .                                                                                                                             | <b>1c</b>                 |                      |                                                    |                                         |                                                                  |
|                                                           | <b>d</b> Related organizations                                                                                                                                | <b>1d</b>                 |                      |                                                    |                                         |                                                                  |
|                                                           | <b>e</b> Government grants (contributions)                                                                                                                    | <b>1e</b>                 |                      |                                                    |                                         |                                                                  |
|                                                           | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                                 | <b>1f</b>                 | 6,079                |                                                    |                                         |                                                                  |
|                                                           | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                            |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                                   |                           | 6,079                |                                                    |                                         |                                                                  |
| Program Service Revenue                                   |                                                                                                                                                               | Business Code             |                      |                                                    |                                         |                                                                  |
|                                                           | <b>2a</b> Membership Dues & Assessments                                                                                                                       |                           | 383,700              | 383,700                                            |                                         |                                                                  |
|                                                           | <b>b</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>d</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>e</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>f</b> All other program service revenue                                                                                                                    |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                                   |                           | 383,700              |                                                    |                                         |                                                                  |
| Other Revenue                                             | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                          |                           | 8                    | 8                                                  |                                         |                                                                  |
|                                                           | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                                 |                           | 0                    |                                                    |                                         |                                                                  |
|                                                           | <b>5</b> Royalties . . . . . ▶                                                                                                                                |                           | 0                    |                                                    |                                         |                                                                  |
|                                                           | <b>6a</b> Gross rents                                                                                                                                         | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Less rental expenses                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Rental income or<br>(loss)                                                                                                                           |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                              |                           | 0                    |                                                    |                                         |                                                                  |
|                                                           | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                     | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                                    |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Gain or (loss)                                                                                                                                       |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                                       |                           | 0                    |                                                    |                                         |                                                                  |
|                                                           | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> | 9,141                     |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                              | 468                       |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                                 |                           | 8,673                |                                                    |                                         | 8,673                                                            |
|                                                           | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b>                                                                      |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                              |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Net income or (loss) from gaming activities . . . ▶                                                                                                  |                           | 0                    |                                                    |                                         |                                                                  |
|                                                           | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . <b>a</b>                                                                            |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>b</b> Less cost of goods sold . . . <b>b</b>                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
|                                                           | <b>c</b> Net income or (loss) from sales of inventory . . . ▶                                                                                                 |                           | 0                    |                                                    |                                         |                                                                  |
| Miscellaneous Revenue                                     | Business Code                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>11a</b>                                                |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| <b>b</b>                                                  |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| <b>c</b>                                                  |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| <b>d</b> All other revenue . . . . .                      |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶             |                                                                                                                                                               | 0                         |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶     |                                                                                                                                                               | 398,460                   | 383,708              |                                                    | 8,673                                   |                                                                  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 6,850                 | 6,850                           |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 0                     |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         | 0                     |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         | 150,111               | 150,111                         |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0                     |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 0                     |                                 |                                        |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 127,043               | 127,043                         |                                        |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 3,740                 | 3,740                           |                                        |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 28,294                | 22,635                          | 5,659                                  |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 3,099                 | 2,479                           | 620                                    |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 25,576                | 20,461                          | 5,115                                  |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| <b>a</b> TRANSFER TO PAC                                                                                                                                                                                                                          | 18,820                |                                 | 18,820                                 |                             |
| <b>b</b> PORAC-NAPO DUES                                                                                                                                                                                                                          | 17,641                | 17,641                          |                                        |                             |
| <b>c</b> FLORAL EXPENSES                                                                                                                                                                                                                          | 10,539                | 10,539                          |                                        |                             |
| <b>d</b> AWARDS PROGRAMS                                                                                                                                                                                                                          | 8,547                 | 8,547                           |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 45,014                | 35,212                          | 8,603                                  | 1,199                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 445,274               | 405,258                         | 38,817                                 | 1,199                       |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 52,703                   | <b>1</b>   | 65,424             |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>   | 0                  |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>3</b>   | 0                  |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>   | 0                  |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>   | 0                  |
|                                                                                      | <b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>   | 0                  |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>   | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>   | 0                  |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |                          | <b>9</b>   | 0                  |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                    | <b>10a</b>               |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b>               |            |                    |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  |                          | <b>10c</b> | 0                  |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       | 123,572                  | <b>11</b>  | 64,037             |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           |                          | <b>12</b>  | 0                  |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>  | 0                  |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>  | 0                  |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                               |                                                                                                                                                                                                                                                                                                                                                  | <b>15</b>                | 0          |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 176,275                                                                                                                                                                                                                                                                                                                                          | <b>16</b>                | 129,461    |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>17</b>  |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> 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 . . . . .                                                                                                                                                        |                          | <b>25</b>  |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 0                        | <b>26</b>  | 0                  |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                           |                          |            |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>27</b>  |                    |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>28</b>  |                    |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>29</b>  |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                              |                          |            |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             | 176,275                  | <b>32</b>  | 129,461            |
|                                                                                      | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                                                                     | 176,275                  | <b>33</b>  | 129,461            |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 176,275                                                                                                                                                                                                                                                                                                                                          | <b>34</b>                | 129,461    |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                               |           |         |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 398,460 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 445,274 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | -46,814 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 176,275 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |         |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  |         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 129,461 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | No |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     |     |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                      |     |    |

# Additional Data

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 94-6104546  
**Name:** BERKELEY POLICE ASSOCIATION

Form 990 (2017)

**Form 990, Part III, Line 4a:**

To provide representation for the membership in matters related to conditions of their employment including but not necessarily limited to employee grievances, wages, hours, working conditions and programs designed to improve the general welfare of the members

**Form 990, Part III, Line 4b:**

To provide for the social and recreational needs of the membership and to build and maintain group and individual strength and harmony This activity will take the form of organized social functions

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## **Form 990, Part III, Line 4c:**

To receive, hold, and disburse gifts, bequests, device, and other funds for these purposes This will consist of fundraising events, such as an annual charity basketball game, both to benefit the organization and to disburse charitable contributions to community groups, such as the Special Olympics

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

Department of the Treasury  
~~Internal Revenue Service~~

Name of the organization  
BERKELEY POLICE ASSOCIATION

**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**

94-6104546

**990 Schedule O, Supplemental Information**

| Return Reference                                               | Explanation                                                                                                                                                                                             |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 To provide, both directly and through insurance, legal protection and disability protection for members acting within the course and scope of their duties as public employees |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                             | Explanation                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>11b Form<br>990 Review<br>Process | A COPY OF THE COMPLETED 990 WAS EMAILED TO THE SECRETARY OF THE GOVERNING BODY |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                          | Explanation |
|----------------------------------------------------------------------------------------------|-------------|
| Form 990,<br>Part VI, Line<br>19 Other<br>Organization<br>Documents<br>Publicly<br>Available | ON REQUEST  |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | BANK ACCOUNT FEES Column (A) - Total = \$60, Column (B) - Program Services = \$60, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                                  |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | BENEFITS COMMUNICATIONS NETWORK Column (A) - Total = \$5847, Column (B) - Program Services = \$5847, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | BERKELEY CHAMBER MEMBERSHIP Column (A) - Total = \$305, Column (B) - Program Services = \$305, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                                     |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | COMMUNITY OUTREACH Column (A) - Total = \$4243, Column (B) - Program Services = \$4243, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                              |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | EVENT EXPENSES Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) -<br>Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                              |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | FTB EXPENSE Column (A) - Total = \$50, Column (B) - Program Services = \$0, Column (C) - Ma<br>nagement & General = \$50, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                              |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | FTB EXPENSE Column (A) - Total = \$50, Column (B) - Program Services = \$0, Column (C) - Ma<br>nagement & General = \$50, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | MEETING EXPENSE Column (A) - Total = \$5096, Column (B) - Program Services = \$0, Column (C) - Management & General = \$5096, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                               |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | MENS BUNK ROOM Column (A) - Total = \$462, Column (B) - Program Services = \$462, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                               |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | NEP WEBSITES Column (A) - Total = \$1199, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$1199 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | PICNIC EXPENSES Column (A) - Total = \$1742, Column (B) - Program Services = \$1742, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | PICTURE FRAMES Column (A) - Total = \$136, Column (B) - Program Services = \$0, Column (C)<br>- Management & General = \$136, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                                 |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | PO BOX RENTAL Column (A) - Total = \$480, Column (B) - Program Services = \$0, Column (C) -<br>Management & General = \$480, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | PORAC TRAINING EXPENSE Column (A) - Total = \$7080, Column (B) - Program Services = \$7080,<br>Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | REFRESHMENTS Column (A) - Total = \$463, Column (B) - Program Services = \$463, Column (C)<br>- Management & General = \$0, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                                 |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | RETIREMENTS Column (A) - Total = \$7638, Column (B) - Program Services = \$7638, Column (C)<br>- Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                         |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | ROUNDING Column (A) - Total = \$1, Column (B) - Program Services = \$0, Column (C) - Manage<br>ment & General = \$1, Column (D) - Fundraising = \$0 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                          |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | SHOE POLISH Column (A) - Total = \$80, Column (B) - Program Services = \$80, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                          |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | SRT Column (A) - Total = \$2790, Column (B) - Program Services = \$0, Column (C) - Manageme<br>nt & General = \$2790, Column (D) - Fundraising = \$0 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                 | Explanation                                                                                                                                       |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | SWAG Column (A) - Total = \$6062, Column (B) - Program Services = \$6062, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                 | Explanation                                                                                                                                                       |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>24e Other<br>Expenses | WEIGHT ROOM EXPENSES Column (A) - Total = \$1230, Column (B) - Program Services = \$1230, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
BERKELEY POLICE ASSOCIATION

Employer identification number  
94-6104546

Part I

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                          |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)BERKELEY POLICE PAC<br>C/O 5940 COLLEGE AVE F<br><br>BERKELEY, CA 94618<br>46-4537717 | POLITICAL ACTION        | CA                                               | 527                        | N/A                                                 | NA                               |                                              | No |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                          |                         |                                                  |                            |                                                     |                                  |                                              |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)