OMB No 1545-0047

Inspection

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14,025.

13,336.

27,361.

7,000.

6,820.

13,820.

13,541.

End of Year 676,909

Current Year

Yes X No

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number MANCHESTER POLICE FOUNDATION C/O LLOYD DOUGHTY Name Ichange 02-6014973 Doing business as ]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (603)668-8711 405 VALLEY STREET term City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return MANCHESTER, NH 03103 H(a) Is this a group return Applica-F Name and address of principal officer: WILLIAM E. STONE for subordinates? SAME AS C ABOVE Are all subordinates included? I Tax-exempt status \_\_\_\_ 501(c)(3) \_X 501(c) ( ) ◀ (insert no.) 4947(a)(1) or f "No," attach a list (see instructions) Website: ► N/A Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1966 M State of legal domicile: NH Part I Summary Briefly describe the organization's mission or most significant activities: TO RENDER FINANCIAL AND OTHER Governance ASSISTANCE TO OR FOR THE BENEFIT OF ACTIVE AND RETIRED MEMBERS OF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) RECEIVED 6 7 a Total unrelated business revenue from Part VIII, column (©), line b Net unrelated business taxable income from Form 996 **Prior Year** က် 0. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) OGDEN. UT 41,123. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 106. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,229. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) O. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 6,503. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,503. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,726. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** 663,368. 20 Total assets (Part X, line 16) Ô. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 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

Ō. 663,368. 676,909. Date 04/16/19 P00294931 02-0394333 Phone no. 6036277659 X Yes

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

500 COMMERCIAL STREET MANCHESTER, NH 03101

Signature of officer

Print/Type preparer's name

Firm's address

MARIE C. MCKAY

Type or print name and title

WILLIAM E. STONE,

Firm's name BIGELOW & COMPANY

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

Sign

Here

Paid

Preparer

Use Only

CPA,

rer's signature

PRESIDENT

# MANCHESTER POLICE FOUNDATION C/O LLOYD DOUGHTY

For	m 990 (2018) C/O LLOYD DOUGHTY	02-6014973 Page 2
Pa	art 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 RENDER FINANCIAL AND OTHER ASSISTANCE TO OR FOR THE	BENEFIT OF
	ACTIVE AND RETIRED MEMBERS OF THE MANCHESTER POLICE DEF	ARTMENT AND/OR
	THEIR FAMILIES	
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 X 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, a	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		
	THROUGH THE ORGANIZATION'S APPLICATION AND SCREENING PR	
	ORGANIZATION WAS ABLE TO PROVIDE FINANCIAL ASSISTANCE T	O A NUMBER OF
	POLICE OFFICERS IN NEED.	
4b	(Code) (Expenses \$ including grants of \$) (Rever	
-10	(Code) (Expenses \$) (Rever	;ue \$)
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
4c	(Code) (Expenses \$	ue \$ )
		-
		<u>-</u> -
		<del></del>
4d	Other program services (Describe in Schedule O )	
70		,
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶	
	pg vertiev enperiode p	

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Form 990 (2018) C / O LLOYD DOUGHTY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢▔		
•	public office? If "Yes," complete Schedule C, Part I	В		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	l		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			4,5
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l	x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b>-</b>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		21
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		ŀ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	[	Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	$\vdash$	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>.</u> 1	domestic government on Part IX column (A) line 12 if "Yes " complete Schedule I. Parts I and II	21		X

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Form 990 (2018) C/O LLOYD DOUGHTY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<del>                                     </del>
D	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? If "Yes," complete Schedule L, Part I	25b		i
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		$\vdash$
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			İ
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٣		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
36	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u>.                                    </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			X
a	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		х
	to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del> -		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>79</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		i	
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			!
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ľ	,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ì	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<b> </b>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		<u> </u>
40	If "Yes," see instructions and file Form 4720, Schedule N			$\overline{\mathbf{x}}$
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>^</u>
	If "Yes," complete Form 4720, Schedule O.	Form	990 (	20181

C/O LLOYD DOUGHTY Form 990 (2018)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
ь	Enter the number of voting members included in line 1a, above, who are independent									
2										
_	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	2		Х						
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	5 6		X						
-	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?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<b></b>							
	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	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?									
а	The organization's CEO, Executive Director, or top management official	15a		$\overline{\mathbf{x}}$						
	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•								
	exempt status with respect to such arrangements?	16b		····						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶NH									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	•								
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LLOYD DOUGHTY - (603)668-8711									
	351 CHESTNUT ST, MANCHESTER, NH 03104-2294									

C/O LLOYD DOUGHTY

02-6014973

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organic (A)	(B)			(	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week (list any	$\vdash$	П	Г				from the	from related organizations	other compensation	
	hours for	diect				L		organization	(W-2/1099-MISC)	from the	
	related	lee or	stee			nsate		(W-2/1099-MISC)	\	organization	
	organizations	E	듈		a A	ge a				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organizations	
(1) HILLIAN B. COONE	1.00	ᆵ	Ę	ㅎ	ž	물통	ফ্				
(1) WILLIAM E STONE PRESIDENT	1.00	x	ĺ		l			0.	0.	0.	
(2) SAVINO M AUCIELLO	1.00	^	⊢			-	$\vdash$	0.	<u></u>	0.	
1ST VICE PRESIDENT	1.00	x						0.	0.	0.	
(3) MICHAEL R MORTIMER	1.00	-	H	-	├	<del> </del>	$\vdash$	0.	0.	<u> </u>	
SECRETARY	1.00	x			l		İ	0.	0.	0.	
(4) LLOYD S DOUGHTY II	1.00	<del>  ^</del>	<del>                                     </del>	┢	┢	╁	-		0.	•	
TREASURER	2.00	$\mathbf{x}$			ļ			0.	0.	0.	
(5) GLENN S LEIDEMER	1.00		┢	<u> </u>	┢	$\vdash$	$\vdash$	-			
2ND VICE PRESIDENT		x					l	0.	0.	0.	
(6) ANTHONY J CHISMARK	1.00	T									
DIRECTOR		X			ŀ			0.	0.	0.	
(7) STEVEN MANGONE	1.00			<b></b>							
DIRECTOR		X						0.	0.	0.	
(8) ROBERT MCGOWAN	1.00									-	
DIRECTOR		X		<u> </u>				0.	0.	0.	
		1									
		ļ_	L_	ļ	_	<u> </u>					
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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	ı	Estimated	J
		hours per	box	, unle	ss pe	erson	is bot	th an		compensation	ı	amount of	
		week	officer and a			irecto	ur/orus	I	d irom	from related		other	
		(list any	ecto						the	organizations		compensation	วท
		hours for related	٥٢d	8			äe		organization	(W-2/1099-MIS	<sup>C)</sup>	from the	
		organizations	Individual trustee or director	Institutional trustee		, m	Highest compensate employee		(W-2/1099-MISC)		- 1	organization	
		below	ual Ir	la la		Kay employee	e to				- 1	and related organization	
		line)	divid	age a	Officer	ay em	름	Ë			ľ	Organization	13
		· · · · · · · · · · · · · · · · · · ·	=	┝╧╴	۴	×	王吉	۳					
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		·	┝	$\vdash$	$\vdash$	┢	_	$\vdash$	<u> </u>		_	<del></del> -	
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						ļ					- 1		
						<u> </u>	نِـــا		ļ	<del></del>	$\perp$		
	Sub-total								0.		0.		<u>0.</u>
	Total from continuation sheets to Part VI	I, Section A		٠					0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	DOVE	e) wh	no re	eceived more than \$100	,000 of reportable			^
	compensation from the organization			-					<del></del>	<del></del> .		Yes N	10 0
•	Did the executation but any former officer										Г	Tes N	10
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si		stee	э, к <del>ө</del>	y en	npio	yee,	ori	nignest compensated er	npioyee on	-		X
4	•									h	⊢	3 2	<u>.x</u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									ne organization	- 1-	4 7	 X
5	Did any person listed on line 1a receive or a									dual for convec	·  -		<u></u>
3	rendered to the organization? If "Yes." com	•				•		Biati	ed organization or make	uuai ior services	[-	5 7	Ţ K
Sect	ion B. Independent Contractors	Diete Genedale		0/ 30	1011	Ders	011		·	<del>_</del> "'		3 1 2	<u> </u>
1	Complete this table for your five highest coi	moensated inc	lene	ende	nt c	ontr	acto	rs t	hat received more than :	\$100,000 of comp	ensa	tion from	—
•	the organization Report compensation for t									-	000		
	(A)	··········			<u> </u>			Т	(B)	1		(C)	
	Name and business	address	NC	NE	2				Description of se	ervices	Co	mpensation	
								$\neg$					_
												<u></u>	_
								$\perp$					
								4	<del></del>				_
								$\dashv$					
	Total number of independent access /	and and an array	n# 11		J &=	4b.~	a lee	<u></u>	abougly who was served or			·	_
2	Total number of independent contractors (in	-	אנ וווי	птес	1 (0	thos C		ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	auon										om <b>990</b> (201	<u></u>

		Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII			
	-	OTIEGA II GOTIGUAG G COM	and a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Gifts, Grants illar Amounts	1 a	Federated campaigns	1a					ļ ,
iran	•	Membership dues	1b		1			
S,E	ြင	Fundraising events	1c		1			]
ar /		Related organizations	1d		1			
S, C		Government grants (contribut	tions) 1e		A 25 or improvem the the	A I To Continuency ( )		A /
Contributions, Gif and Other Similar	f	All other contributions, gifts, gran	its, and		1	,	**	
‡£	ľ	similar amounts not included abo	ve 1f					
9 <u>q</u>	g	Noncash contributions included in lines	1a-1f \$					
<u>ဗ</u>	<u>h</u>	Total. Add lines 1a-1f						_[]
				Business Code				
e	2 a							
ēŽ	b							<u> </u>
n Se	С				<u> </u>			
ran ?ev	d							
Program Service Revenue	е							
Δ.	f	All other program service reve	enue	<u></u>				ļ
_		Total. Add lines 2a-2f		<u> </u>				<u> </u>
	3	Investment income (including	dividends, intere	est, and	17 450			17 450
	_	other similar amounts)			17,459.			17,459.
	4	Income from investment of ta	x-exempt bond p	proceeds				<del> </del>
	5	Royalties	(2 P1	(2 D				+ ,
		Cuana unuta	(i) Real	(ii) Personal				
	6 a	Gross rents Less rental expenses	-	<del> </del>				
		Rental income or (loss)		···	1			
		Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				i
		assets other than inventory	45,280.	(4) 0 11.11.				1 1
	ь	Less: cost or other basis	_	<u> </u>				
		and sales expenses	48,714.					1
	С	Gain or (loss)	<3,434.	>				
	d	Net gain or (loss) .		<b>&gt;</b>	<3,434.	>		<3,434.
<u>e</u>	8 a	Gross income from fundraisin	g events (not					
Revenue		ıncludıng \$	of					
e S		contributions reported on line	1c) See					
		Part IV, line 18	а					1 1
Other	1	Less: direct expenses	þ	L	·			اخصصا
_		Net income or (loss) from fund		<u> </u>			<u></u>	<u> </u>
	9 a	Gross income from gaming ac			.*			
		Part IV, line 19	а	<b>-</b>		[		
1		Less: direct expenses	, b	<b></b>			<del></del>	
		Net income or (loss) from garr Gross sales of inventory, less	-					<del>                                     </del>
	io a	and allowances	returns a		ու հագուսա իրերը ինկան մանի այս և	personancia i i i ti	* 11 g	
	h	Less: cost of goods sold	b		en and an an an an an angle in the control of the state	ye maanimin v		
		Net income or (loss) from sale			<del></del>			
		Miscellaneous Revenu		Business Code				
	11 a	CARTERIA CATAL RE		624200	13,336.			13,336.
	ь	·					-	
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>&gt;</b>	13,336.	, ,		[
	12	Total revenue. See instructions		<b>&gt;</b>	27,361.	0.]	0.	<del></del>
83200	9 12-31	1-18						Form <b>990</b> (2018)

C/O LLOYD DOUGHTY Form 990 (2018)

02-6014973 Page 10 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 (A)
Total expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 7,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees). a Management **b** Legal 795. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 5,340. f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 610. 23 Insurance Other expenses, Itemize expenses not covered 24 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 (C.) 75. NH FILING FEE d e All other expenses 13,820. Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	484.	1	503.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		
		employers and sponsoring organizations of section 501(c)(9) voluntary		l	
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			<u> </u>
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities See Part IV, line 11	662,884.	12	676,406.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	663,368.	16	676,909.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			}
Liabilities		key employees, highest compensated employees, and disqualified persons			
ja de		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		:	
		Schedule D		25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Çes		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	
멑	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	0.		
set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	663,368.	31	676,909.
Ref	32	Retained earnings, endowment, accumulated income, or other funds	663,368.	32	676,909.
-	33	Total liabilities and not seems (fund balances	663,368.	33	676,909.
	34_	Total liabilities and net assets/fund balances	1 003,308.	34	5 <b>990</b> (2018)

# MANCHESTER POLICE FOUNDATION C/O LLOYD DOUGHTY

Form	1 990 (2018) C/O LLOYD DOUGHTY	02-60	14973	Page 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,361.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,820. 3,541.				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	663	3,368.				
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	676	,909.				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes No				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 0	2a	$\overline{\mathbf{x}}$				
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-20					
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	3 011 2						
b	Were the organization's financial statements audited by an independent accountant?	•	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both.		1					
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<del></del>				
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit		l x				
	Act and OMB Circular A-133?		3a	<del>-   ^-</del>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	3b	000 (004.5)				
			Form S	<b>990</b> (2018)				

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MANCHESTER POLICE FOUNDATION

C/O LLOYD DOUGHTY

Employer identification number 02-6014973

Pa			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└ Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	toncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	└── Yes         No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		<b>▶</b> \$

Caba	0/0 770	YD DOUGHTY		MDMIIO	.14			02-60	14973	Page 2	
	dule D (Form 990) 2018 C/O LLO  rt III Organizations Maintaining C			torical Tr	PASILIPAS	or Othe					
Ь	Using the organization's acquisition, access										
3	(check all that apply).	ion, and other record	J3, 01160	on any or the	lollowing th	at ale a si	yı illicarit	use or its	Conconor	iteris	
_	Public exhibition	,	. $\Box$	Loan or exc	hanna nrogr	ame					
a				Other	riange progr	ans					
b	Scholarly research	•	, <u> </u>	Out						<u> </u>	
C	Preservation for future generations	alloguene and avala	n how t	hov further t	ho organizat	an'a avan		ooo in Do	+ VIII		
4											
5						ier similar	asseis		Yes	□ No	
Da	to be sold to raise funds rather than to be m					"Voo" on	Form 00	Dort IV		NO NO	
1 01	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
10	Is the organization an agent, trustee, custod		diant for	contribution	s or other a	seets not	ncluded				
18	-	and outer interme	ulary loi	CONTRIDUCIO	is or other a:	33613 1101 1	liciadea		Yes	□ No	
_	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the fo	Movina	table				1	_ 163		
D	ii res, explain the arrangement in Part XIII	and complete the ic	onown ig	table.					Amount		
_	Decisions belongs						10		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance	000 D. IV I	. 04 4				<u>1f</u> _		Tv	T No.	
	Did the organization include an amount on F						tyr		<b>」Yes</b>	⊢ No	
Pai	If "Yes," explain the arrangement in Part XIII  T V Endowment Funds. Complete						0			——	
Fai	t v Endowment Funds. Complete		1					ears back	(a) Four	years back	
		(a) Current year	(b) i	Prior year	(c) Two yea	IS DACK 1	a) Tillee y	rears Dack	(e) rour	years back	
1a	Beginning of year balance		<b></b>			-					
b	Contributions	.=	<del> </del>			-			ļ		
С	Net investment earnings, gains, and losses			<del>.,, _, ,,                              </del>	<u> </u>				ļ		
d	Grants or scholarships		<u> </u>		<u> </u>				ļ		
е	Other expenditures for facilities		l								
	and programs		ļ					-	ļ		
f	Administrative expenses		<u> </u>						L		
g	End of year balance		L						<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	Ig, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posses	ession of the organiz	ation th	at are held a	nd administe	ered for th	e organi:	zation	_		
	by:								\	res No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990	D, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	( <b>c</b> ) Ac	cumulate	ed	(d) Book	value	
		basıs (ınvestr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	(Oc)					0.	

Schedule D (Form 990) 2018

* MANCHESTER	POLICE FOUN	DATION			
Schedule D (Form 990) 2018 C/O LLOYD I			02	-6014973	Page 3
Part VII Investments - Other Securities.			<del></del>		
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11b See Form 990	), Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or end	l-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other			·		
(A) FIXED INCOME HOLDINGS	308,773				
(B) EQUITIES	346,622			· · ·	
(C) CASH & CASH EQUIVALENTS	21,013	L. COST			
(D)	<b>_</b>				
(E)					
(F)	·				
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	676,406	5.			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"		ne 11c See Form 990	), Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of	valuation. Cost or end	-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d See Form 990	), Part X, line 15		
(a)	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)		<b>▶</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, II		m 990, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes			_		
(2)					
(3)					
	I		•		

<u>1</u>	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	<b></b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

# MANCHESTER POLICE FOUNDATION C/O LLOYD DOUGHTY

Sch	edule D (Form 990) 2018 C/O LLOYD DOUGHTY		02-6014973 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	<b>┦</b> .
c	Recoveries of prior year grants	2c	7.
d	Other (Describe in Part XIII )	2d '	7
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>! !</b>
b	Other (Describe in Part XIII )	4b	7
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	]`
d	Other (Describe in Part XIII.)	2d	]
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pa	rt XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pai	t IV, lines 1b and 2b; Part V, lin	e 4, Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad	ditional information	
	45		
			·
	······································	-10	
			_
			<u> </u>

832054 10-29-18

Schedule D (Form 990) 2018

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public OMB No 1545-0047 2018

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ■ Attach to Form 990.

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

MANCHESTER POLICE FOUNDATION

<u>2</u> Employer identification number 02-6014973 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States C/O LLOYD DOUGHTY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

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

Schedule I (Form 990) (2018)

Schedule | (Form 990) (2018) C/O LLOYD DOUGHTY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

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Page 2

02-6014973

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 0 7,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 832102 11-02-18 CASH

### **SCHEDULE O**

July July .

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MANCHESTER POLICE FOUNDATION C/O LLOYD DOUGHTY

**Employer identification number** 02-6014973

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MANCHESTER POLICE DEPARTMENT AND/OR THEIR FAMILIES
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF ON THE GOVERNING
BODY
FORM 990, PART VI, SECTION B, LINE 11B:
TREASURER TO REVIEW RETURN BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS PREPARE CONFLICT OF INTEREST DISCLOSURES ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST