Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public ► Go to www irs.gov/Form990 for instructions and the latest information

2018 Open to Public Inspection

A r	For th	ne 2018 c	alendar year, or tax year beginning , and ending													
В	Check if	applicable	C Name of organization WESTPORT POLICE BENEVOLENT		D Employer	identification number										
/	Address	change	ASSOCIATION INC													
٦,	Vame ch	anne	Doing business as		23-7	<u>105434</u>										
۳,	•	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number 203-341-6017											
	itial ret		50 JESUP ROAD		203-	341-601/										
	Inal retu erminate		City or town, state or province, country, and ZIP or foreign postal code													
	Amende	d return	WESTPORT CT 06880		G Gross rece	eipts\$ 2,234,224										
=			F Name and address of principal officer	H(a) Is this a gro	un return for si	ibordinates? Yes X No										
3	Applicati	on pending	BRENDAN FEARON	11(2) 10 0115 0 9.0	ap retain for st											
V			50 JESUP ROAD	H(b) Are all sub	ordinates incli	uded? Yes No										
	1		WESTPORT CT 06880	If "No,"	attach a list	see instructions)										
111	t _{ax-exe}	empt status	501(c)(3) X 501(c) (5) ◄ (insert no) 4947(a)(1) or 527 () >													
<u>ع</u> ر	Vebsit	e ▶ N	/A	H(c) Group exe	mption numbe	r >										
K	orm of	organization	X Corporation Trust Association Other ► L Y	ear of formation		M State of legal domicile										
P	ărt I	Su	ımmary													
Ù) 1		scribe the organization's mission or most significant activities													
		-	FIT OF REGULAR MEMBERS OF THE WESTPORT POLICE FORCE	TO PROMO	OTE ANI	AID										
5		IN T	IN THE SOCIAL AND GENERAL WELFARE OF ITS MEMBERS, PROMOTE CAMARADERIE AMONG													
Governance		ALL RANKS AND BE ACTIVE IN COMMUNITY AFFAIRS.														
Š	ALL RANKS AND BE ACTIVE IN COMMUNITY AFFAIRS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets															
Ŏ			of voting members of the governing body (Part VI, line 1a)	70 OF NO FIEL BOO	3	63										
න් ග					4	63										
Activities			of independent voting members of the governing body (Part VI, line 1b)													
į			nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0										
۲			nber of volunteers (estimate if necessary)		6	0										
			elated business revenue from Part VIII, column (C), line 12		7a	0										
	b	Net unrel	ated business taxable income from Form 990-T, line 38		7b	0										
ne		04-6-4	- and a state (D. 4) (III by Ab)	Prior Yea		Current Year										
			ions and grants (Part VIII, line 1h)		2,470	39,037										
Revenue		-	service revenue (Part VIII, line 2g)		0.50	14 222										
é			nt income (Part VIII, column (A), lines 3, 4, and 7d)	6.	1,858	14,233										
_	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		423	305										
_	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,	4,751	53,575										
J			nd similar amounts paid (Part IX, column (A), lines 1-3)			0										
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		4,028	<u> 18,015</u>										
ဖွ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,250	<u>2,500</u>										
xpenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0										
ĝ	b	Total fund	draising expenses (Part IX, column (D), line 25) RECEIVED													
<u> </u>	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	22	2,572	19,866										
	18	Total exp	penses (Part IX, column (A), lines 11a–11d, 11f-24e) enses Add lines 13–17 (must equal Part IX, colemn (A) line 25) 2 2019		3,850	40,381										
	19	Revenue	less expenses Subtract line 18 from line 12	5.		13,194										
៦ខ្ល				Beginning of Cur		End of Year										
age s	20	Total ass	ets (Part X, line 16) OGDEN, UT	460	0,600	430,365										
A B	21	Total liab	ilities (Part X, line 26)		0	0										
Net Assets or Fund Balances	22	Net asset	is or fund balances. Subtract line 21 from line 20	460	0,600	430,365										
_	art II	Sig	gnature Block													
Un	der pe		penury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the be	est of my kn	owledge and belief, it is										
tru	e, com	ect, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledg	e	•										
			4575			· 										
Sig	n	 	ignature of officer		Date	1 1										
Her			BRENDAN FEARON Janthan / Lauria PRESID	DENT	05	117/2019										
	•	T T	ype or print name and title			1110011										
		Print/Type	e preparer's name Preparer's signature	Date	Check	ıf PTIN										
Paid	1		S S. INFURCHIA, CPA	05/15	/19 self-em	□ , "										
Prec	arer					26-1387840										
	Only	Firm's nar			rm's EIN	20 130/040										
		1_	45 East Avenue			203-852-7088										
	Ale o 15	Firm's add		P	hone no											
			s this return with the preparer shown above? (see instructions)	·		X Yes No										
-nr l	-anen	work Bodi	iction Act Notice, see the separate instructions			Earn 4411 /2018)										

Form 990 (2018) W	ESTPORT POLI	CE BENEVOLENT	23-710	5434	Page 2
Part III Stat	tement of Program	Service Accomplishments	3		
		ontains a response or note to	any line in this Part		
BENEFIT (OCIAL AND GE	EMBERS OF THE WEST NERAL WELFARE OF T IVE IN COMMUNITY A	ITS MEMBERS,		
-		nificant program services during the	year which were not list	ed on the	Yes X No
prior Form 990	or 990-EZ/ be these new services o	s Schodulo O			Tes A No
		or make significant changes in how	vit conducts, any program	m	
services?	ation ocase conducting,	of make significant changes in nov	rit conducts, any program	11	Yes X No
	be these changes on Sc	hedule O			
		rvice accomplishments for each of	its three largest program	services, as measured by	
expenses Sec	tion 501(c)(3) and 501(c)(4) organizations are required to re	port the amount of grant	s and allocations to others,	
the total expen	ses, and revenue, if any	, for each program service reported			
					39,037)
NON-STOCH WESTPORT OF ITS ME COMMUNITY MEMBERSHI OF THE WE NOW RETIFIED THE WESTERETIREMEN	CORPORATION POLICE FORCE MBERS, PROME AFFAIRS. PIN THE WE ESTPORT POLICE RED FROM ACT PORT PBA, THE NT/DEATH BENE	31,527 including grand VOLENT ASSOCIATION NOT CREATED FOR THIS E TO PROMOTE AND A STPORT PBA IS COMPOSED BY LAWS, EFIT, RESPECTIVELY OF THE WESTPORT PBA	N, INC (WEST) E BENEFIT OF AID IN THE SO MONG ALL RAND PRISED OF ALL ALL FORMER I , HAS ESTABLE Y, FOR ANY ES	REGULAR MEMBER OCIAL AND GENER KS AND BE ACTIV L OF THE REGULA MEMBERS THEREOF ISHED A \$5000 A	CONNECTICUT S OF THE AL WELFARE E IN R MEMBERS WHO ARE
4b (Code N/A) (Expenses \$	ıncluding grar	nts of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including gran	its of \$) (Revenue \$)
4d Other program	services (Describe in Sc	chedule O)			
(Expenses \$		including grants of \$) (Reve	nue \$)
4e Total program	service expenses >	31,527			

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			τ,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,	5	Х	
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	Δ	
•	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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 2.5
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Х
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
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405		v
2	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
3 4a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		i	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	142		
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	:	Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	i	Χ_

_ P	artiv 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	1 22		v
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
~	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	i i		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	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,			į
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		Ì	v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	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? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization regulate, terminate, or dissolve and cease operations. If "res, complete scriedae" is, if are in the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
-	Complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>`</u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			Į
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		1	
_	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			į
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		Х	
	reportable gaming (gambling) winnings to prize winners?	1c [) (2018)
		FOR		

Fa	Statements Regarding Other IRS Fillings and Tax Comphiance (Communical)			
20	Enter the number of employees reported an Earm M/2. Transmitted of Misse and Toy		Yes	No
2ą	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			
.		ا ؞ ا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		^
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			17
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	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			v
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
L	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
a	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
	· · · · · · · · · · · · · · · · · · ·	7 _e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of quantity intellectual property, did the organization file a Form 1098-C?	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11	Section 501(c)(12) organizations Enter	7		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	\neg		
	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		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			<u> </u>

Form	1990 (2018) WESTPORT POLICE BENEVOLENT 23-7105434			age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a '	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ınstr	uctioi	าร
	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 1a 63			
	If there are material differences in voting rights among members of the governing body, or	7		
	if the governing body delegated broad authority to an executive committee or similar			l
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 63			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7 !		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			\vdash
	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,	,,,,	- 13	\vdash
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	/5	<u></u>	<u> </u>
		. 1	X_	İ
a	The governing body?	8a 8b	X	
Ъ	Each committee with authority to act on behalf of the governing body?	- 80	_^_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		X
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue)	V	
40-	Diddle account of house board and the state of the state	40=	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		_^
D	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		17
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
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	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l i		۱
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
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?			l
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ĺ
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	L	<u> </u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
SE	ERENITY DOBSON 50 JESUP ROAD			
		3-34	<u>1-</u> 6	017
			_	

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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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo: off	x, unle īcer a	Pos check ess pe	rson	than our both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRENDAN FEARON										
	0.00	١						1 000		
PRESIDENT	0.00	X		-	_	├		1,000	0	0
(2) ASHLEY DEL VECCH	0.00	ĺ				1	ĺ		•	
SECRETARY - FORMER	0.00	X						500	0	0
(3) SHARON RUSSO	0.00	┼^	\vdash	 	-	┢╌	\vdash	300		
(4,51111(61) 1(6556	0.00									
SECRETARY	0.00	X		ĺ				500	0	_ 0
(4) SCOTT MORRISON										
	0.00	l	l	i		ł				
VICE PRES FORMER	0.00	X			<u></u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}$		500	0	0
(5) SERENITY DOBSON										
	0.00		l		1		l			
TREASURER	0.00	X	<u> </u>	ļ.—		ļ	<u> </u>	0	0	0
(6) JOHN LAURIA	0 00									
VICE PRESIDENT	0.00	Х	ł					0	0	0
(7)	0.00	┢	\vdash	\vdash	-	 		0	<u> </u>	<u> </u>
()								:		
(8)										
(9)			_							
(10)										
(11)										
	L		<u> </u>			<u>L</u>	<u> </u>			

Part VII		1	1	-, .,	-, -		-,	0, 0	nd Highest Compensated				
	(A) Name and title	(B) Average hours per week (list any hours for	bo: off	x, unle icer a	ss pei	ition more rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimate amount of other compensat		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organiza and rel organiza	ation lated	
													
1b Sub-	total							•	2,500				
d Total 2 Total		ncluding but not	limite	d to		e lis	ted a	bove	2,500 e) who received more than	\$100,000 of			
repor	table compensation fron	the organization	<u>1</u> ▶	<u>U</u>					 			Yes	N
	ne organization list any f byee on line 1a? <i>If "Yes</i> ,								oyee, or highest compensa	ted	3		X
4 For a orgar <i>indivi</i>	ny individual listed on lir lization and related orga <i>dual</i>	ie 1a, is the sum nizations greater	of re than	porta \$15	able (0,00	com 0? <i>l</i> :	pens f "Ye	atioi s," c	n and other compensation to complete Schedule J for suc	ch	4		×
	ny person listed on line rvices rendered to the c								y unrelated organization or for such person	ındıvıdual	5		X
	Independent Contract												
									actors that received more t dar year ending with or with		ar		
	Name and	(A) 1 business address							Descript	(B) on of services		(C) empensa	ation
	<u>,</u> ,												

	ITE V	Check if Schedule		ns a response o	r note to any line in	this Part VIII		
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ots	1a	Federated campaigns	1a					
S'ai	b	Membership dues	1b	11,362		`		
S, (Am	С	Fundraising events	1c					
a Git	d	Related organizations	1d					
im,	е	Government grants (contributions)	1e					
tion Sr. S	f	All other contributions, gifts, grants,]]]	
Program Service Revenue Contributions, Gifts, Grants		and similar amounts not included above	1f	27,675				
dat	g	Noncash contributions included in lines 1a	+1f \$					
<u>Š</u> ē	<u>h</u>	Total. Add lines 1a-1f			39,037			
nue	_			Busn Code				
Reve	2a							
Ge F	b						···	
ēΖ	ر ا							<u>-</u>
m S	u					··		 -
gra	f	All other program service reve	enue					
F.	q		,,,uo					
	3	Investment income (including	dividends,	interest,				
		and other similar amounts)		▶ [7,519			7,519
	4	Income from investment of tax	x-exempt b	ond proceeds >				
	5	Royalties		•				
		(ı) Real		(II) Personal				
	6a	Gross rents	_					
	b	Less rental exps	`					
	C	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from		() Others				
		sales of assets (i) Securities		(ii) Other 2 4				
	h	other than inventory 2, 187 Less cost or other	, 339					
		basis & sales exps 2, 180	. 649					
	c		,690	24				
		Net gain or (loss)	·	•	6,714	1		6,714
63		Gross income from fundraising eve	ents					
Other Revenue		(not including \$	ľ					
eve		of contributions reported on line 10	;)					
۲.		See Part IV, line 18	a	305				
Ŧ	b	Less direct expenses	ь[[
	С	Net income or (loss) from fund		ents >	305			
	9a	Gross income from gaming activiti	es					
		See Part IV, line 19	a					
		Less direct expenses	b[
		Net income or (loss) from gan	_	ies ' 🕨				
	ıva	Gross sales of inventory, less						
	ь.	returns and allowances Less cost of goods sold	a					
		Net income or (loss) from sale		tony	j	Ì		
		Miscellaneous Revenue		Busn Code				······································
	11a	-			ĺ	1		
l	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instruction	ns	<u> </u>	53,575	0	0	14,233

Part IX Statement of Functional Expenses

Do s	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
_ <u>_</u>	Grants and other assistance to domestic organizations				***************************************
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	18,015	18,015		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,500	1,250	1,250	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,150		3,150	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,331		4,331	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· -		
21	Payments to affiliates				 _
22	Depreciation, depletion, and amortization	1,571	1,571		
23	Insurance				
24	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)				······································
а	MEETINGS & DINNERS	3,532	3,532		
b	POSTAGE & MAILINGS	2,317	2,317		
C	PICNIC EQUIPMENT RENTAL	1,120	1,120		
d	DONATIONS	1,119	1,119		
е	All other expenses	2,726	2,603	123	
25	Total functional expenses Add lines 1 through 24e	40,381	31,527	8,854	0
26	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 38,065 Cash-non-interest bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 039 other basis Complete Part VI of Schedule D 948 7,662 b Less accumulated depreciation 10b 10c 414,873 Investments—publicly traded securities 11 11 Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 460,600 430,365 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 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 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 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 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 460,600 27 <u>43</u>0,365 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 460,600 430,365 33 33 Total net assets or fund balances 460,600 430,365 Total liabilities and net assets/fund balances

om	1990 (2018) WESTPORT POLICE BENEVOLENT 23-7105434				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			3,575
2	Total expenses (must equal Part IX, column (A), line 25)	2_		4	0,381
3	Revenue less expenses Subtract line 2 from line 1	3		1	3,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>46</u>	0,600
5	Net unrealized gains (losses) on investments	5		-4	<u>3,429</u>
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_			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				-
	33, column (B))	_ 10		43	0,365
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	'	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		i		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		I		
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1		İ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	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?		Ĺ	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	
				Form	990 (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

WESTPORT POLICE BENEVOLENT

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ASSOCIATION INC			23-71054	34			
Pai	t I-A Complete if the organization is exen	npt under section 501(c	or is a section					
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV (see ins	structions for				
	definition of "political campaign activities")							
2	Political campaign activity expenditures (see instructions)			▶ \$				
3	Volunteer hours for political campaign activities (see instru	uctions)						
Pa	t I-B Complete if the organization is exen	npt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955	-	▶ \$				
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$				
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No			
4a	Was a correction made?				Yes No			
b	If "Yes," describe in Part IV			.				
Pa	t I-C Complete if the organization is exen	npt under section 501(c), except secti	on 501(c)(3).				
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt fund	tion					
	activities			▶ \$				
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for s	ection					
	527 exempt function activities			▶ \$				
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO	L,					
	line 17b			▶ \$				
4	Did the filing organization file Form 1120-POL for this year	ir?			Yes No			
5	Enter the names, addresses and employer identification n	umber (EIN) of all section 527	oolitical organizatio	ons to which the filing				
	organization made payments. For each organization listed	I, enter the amount paid from th	e filing organizatio	n's funds Also enter				
	the amount of political contributions received that were promptly and directly delivered to a separate political organization, such							
	as a separate segregated fund or a political action commit	ttee (PAC) If additional space i	s needed, provide	information in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
					political organization			
					If none, enter -0-			
(1)								
(2)								
					 			
(3)								
	·							
(4)								
(5)								
	· · · · · · · · · · · · · · · · · · ·							
(6)								
		<u> </u>	L <u>.</u>					

Sche	edule C (For	m 990 or 990-EZ) 2018 WES	STPORT POLICE	E BENEVOLE	₹T	23-71054	34 Page 2
Pa	rt II-A	Complete if the org				d filed Form 5768	(election under
		section 501(h)).					
Α,	Check I		tion belongs to an affi			ach affiliated group m	ember's name,
_		·	nses, and share of ex				
В	Check I	If the filing organiza	tion checked box A ar	nd "Itmited control"	provisions app	oly	
			Lobbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
	. 7:	(The term "expenditure				organization's totals	group totals
		bying expenditures to influence	· · · · · · · · · · · · · · · · · · ·		i		
		bying expenditures to influence	•	ect lobbying)	ŀ		
•		bying expenditures (add lines	ra and rb)		ŀ		-
6		empt purpose expenditures empt purpose expenditures (a	dd Imae 1e and 1d\		Ì		
		nontaxable amount Enter th	•	ung table in both	İ		
	columns		e amount nom the lollow	ing table in both			
		ount on line 1e, column (a) or (b) is: The lobbying no	ntaxable amount is:			
	Not over S	5500,000	20% of the amour	nt on line 1e			
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 159	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1	,000,000		
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,	500,000		
	Over \$17,	000,000	\$1,000,000	<u></u>			
g	Grassroo	ots nontaxable amount (enter	25% of line 1f)		}		
t	Subtract	line 1g from line 1a If zero o	less, enter -0-				
		line 1f from line 1c If zero or	•		l	<u> </u>	<u> </u>
j		s an amount other than zero o		, did the organization	file Form 4720		П. П.
	reporting	section 4911 tax for this year	?				Yes No
				ing Period Under			
	(S	ome organizations that r					olumns below.
			See the separate i	nstructions for lir	nes 2a througi	n 2f.)	
		•	Lobbying Expendite	ures During 4-Yea	r Averaging F	Period	
	Colon	dar year (or fiscal year					
	Calen	beginning in)	(a) 2015	(b) 2016	(c) 2017	7 (d) 2018	(e) Total
			<u> </u>				
2a	Lobbying	nontaxable amount					
Ł	Lobbying	ceiling amount					
	(150% of	fline 2a, column (e))					
c	Total lob	bying expenditures					
d	Grassroo	ots nontaxable amount					
e	Grassroo	ots ceiling amount					
	(150% of	line 2d, column (e))					
1	Grassroo	ots lobbying expenditures			1	•	

Schedule C (Form 990 or 990-EZ) 2018

rar 	Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).					
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)		
	nption of the lobbying activity Yes	No		Amoı	ınt	
		1				
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
	Volunteers?	4				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		ł			
	Media advertisements?	-				
	Mailings to members, legislators, or the public?	+	 			
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ	· ·-			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
	Other activities?	ļ				
	Total Add lines 1c through 1i	1	ļ			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		į			
	If "Yes," enter the amount of any tax incurred under section 4912		 			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L			
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or se	ection			
	501(c)(6).				Yes	No
_	1Mary and the tentral level (1900) and are as a second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the laboration of the second mandadus the se		Γ	1	X	140
1	Were substantially all (90% or more) dues received nondeductible by members?			2		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		}	3		X
Dn:	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? EMI-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	Or S	ection	<u> </u>		
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (answered "Yes."	b) Par	t III-A,	line	3, is	
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	-				
	political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
	Carryover from last year	2b				
	Total	2c			-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1			
	and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	t IV Supplemental Information	*				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A,	lines 1	and			
	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					
•						

Schedule C (Form 990 or 990-EZ) 2018 WESTPORT POLICE BENEVOLENT

23-7105434

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Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information 2018
Open to Public

Inspection

Name of the organization Employer identification number WESTPORT POLICE BENEVOLENT 23-7105434 ASSOCIATION INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

71,039

Schedule D (Form 990) 2018

64,948

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

d Equipment

e Other

DAA

Part VII	Investments—Other Securities.					
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11b See Form 990, F	Part X, line 12		
•	(a) Description of security or category	(b) Book value	(c) Method o	-		
	(including name of security)		Cost or end-of-ye	ar market value		
(1) Financial derivatives						
	eld equity interests			<u> </u>		
(3) Other						
(A)			-			
(B)						
(C)						
(D)						
(E)	·					
(F)			**			
(G)				· · · · · ·		
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>				
Part VIII	Investments—Program Related.	C 000 D-+ IV I		and Villian 12		
	Complete if the organization answered "Yes" on	T				
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye			
			Cost of end-of-ye	ai market value		
(1)		<u> </u>				
(2)						
(3)						
(4)						
(5)		 .				
(6)						
<u>(7)</u>						
(8)		 				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13) ▶	<u> </u>				
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Part IV In	e 11d See Form 990 F	Part Y line 15		
	(a) Description	TOTTI 330, Fait IV, III	le i la See i omi 330, i	(b) Book value		
(4)	(a) Description			(0) 00011 10100		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 15)		•			
Part X	Other Liabilities.			<u> </u>		
, acc	Complete if the organization answered "Yes" on	Form 990 Part IV In	e 11e or 11f See Form	990 Part X.		
	line 25	,		,		
1.	(a) Description of liability	(b) Book value				
	income taxes					
(2)	HICENIO (CACO		1			
(3)			-			
(4)			1			
(5)			-			
(6)			1			
	· · · · · · · · · · · · · · · · · · ·		1			
<u>(7)</u>			1			
(8)		 	1			
(9)	n /h) must equal Form 900. Part V col. (P) line 25 1	1	1			
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶ uncertain tax positions. In Part XIII, provide the text of the foo	thote to the organization's	financial statements that reco	orts the		
•	liability for uncertain tax positions under FIN 48 (ASC 740) C					
organization's	napling for uncertain tax positions under FIN 46 (ASC 740) C	MECK HEIE II THE TEXT OF THE	roomote has been provided if	i ai Aii		

Sche	edule D (Form 990) 2018 WESTPORT POLICE BENEVOLENT	23-	-7105434	Page 4
Ρŧ	art XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a		
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			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	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 VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	c Add lines 4a and 4b		4c	
_ 5	5 Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a		
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	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2018 WESTPORT POLICE BENEVOLENT

Part XIII Supplemental Information (continued)

23-7105434

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ 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

WESTPORT POLICE BENEVOLENT ASSOCIATION INC

Employer identification number

23-7105434

Form 990, Part VI - Additional Information CONFLICT OF INTEREST, WHISTELBLOWER, & DOCUMENT RETENTION POLICIES IN PLACE

Form 990, Part VI, Line 6 - Classes of Members or Stockholders THE WESTPORT PBA IS ORGANIZED WITH MEMBERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE CURRENT MEMBERS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBERS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 FORM 990 IS REVIEWED BY THE ASSOCIATION'S TREASURER.

Form 990, Part VI, Line 15b - Compensation Process for Officers THE BOARD REVIEWS AND APPROVES EMPLOYEE STIPENDS FOR REIMBURSEMENTS. TOTAL SEE FORM 990, PART VII. STIPDENDS ARE \$2,500.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public