		Q	QN			ation Exer					2010
	For		30	Under section 501(c),	527, or 4947(a)	(1) of the Internal F rity numbers on th rm990 for instructi	Revenu	e Code (e	except private f	oundations	1 ZU 19
	Depa	rtment	uary 2020) of the Treasury	▶ Do not e	nter social secu	rity numbers on th	is form	n as it mag	y be made pub	مرا الوا	Open to Public
			nue Service								Inspection
				ar year, or tax year beg	ginning JUL	1, 2019	ano	enaing	JUN 30,		
	B	Check if pplicab		organization PO LI CE ACTIV	7TMTD0 15	יאריונים אים עוזיאגי	מחם ו	OBD	D Employe	r identificat	tion number
	_	Addre			TITES DE	AGUE OF HE	MIF	UKD			
	\vdash	_]chanç ∵]Name		RPORATED					- 06 6	5068864	A
	\vdash	_]chang ∏Initial		usiness as		11. 1 .1.44		D / /			<u> </u>
	느	_lretum ∏Fınal		and street (or P.O. box if	mail is not delivere	ed to street address)		Room/suit			500
	L	retum		HIGH STREET				L		-829-55	
	_	eted ∏Amen	City or to	own, state or province, o		or foreign postal co	ode		G Gross receip		304,314
	\vdash	⊒retum ∏Applic	nan.		103	CATECUT			H(a) Is this a	-	
	L	Jtion pendi		nd address of principal of				m <u>~~</u> 0 6	4	ordinates?	Yes X N
				UTH MAIN STR				\rightarrow			
			empt status			(insert no.) 494	7(a)(1)	00///52			t (see instructions)
				HARTFORDPAL.		otion Other		1	H(c) Group		
ſ			organization:	Corporation Ir	ust Associ	ation Other		L Yea	r of formation. 1	.95/JMS	tate of legal domicile; C
į		rt I	Summary				n T T M	<u> </u>	3 D M T O D D 1	a pot i	
2022	၉	1	Briefly describe	e the organization's mis	sion or most sigi	nificant activities	NIT	ING H	ARTFORD	S POLI	.CE,
-	ğ			ED VOLUNTEER							
2	e l			f the organi			r dispo		re than 25% of	its nët asset	
20	્ટ્રે			ng members of the gov	- ,	•	-	KE	CEIVEO	_ 3	2
œ	. ಎರ∣			ependent voting membe	_	• • •	اندا			17. 4	2
0	is	5	Total number o	of individuals employed	ın calendar year	2019 (Part V, line 2	B633	JUN	7 2021	5	
α	<u> š</u>	6	Total number o	of volunteers (estimate if	necessary)		1991	0011	•	16	
FEB 0	GI		Total unrelated	business revenue from	Part VIII, columi	n (C), line 12			SEAL LIT	7a	0
SCANNED		b	Net unrelated b	ousiness taxable income	from Form 990	T, line 39		<u>OGI</u>	DEN, UT	ŻЬ	0
出	Í						L		Prior Year		Current Year
Z	9	8	Contributions a	and grants (Part VIII, line	: 1h)			_	292,		296,481
Z	je	9 1	Program servic	e revenue (Part VIII, line	: 2g)			<u> </u>		0.	0
Ü	<u>ا</u> چَڙ	10	nvestment inco	ome (Part VIII, column (A	4), lines 3, 4, and	l 7d)		<u> </u>		468.	1,133
4 Ŭ	5	11 (Other revenue ((Part VIII, column (A), Im	es 5, 6d, 8c, 9c,	10c, and 11e)		<u></u>		484.	6,700
, 	4	12	otal revenue -	add lines 8 through 11 i	(must equal Part	Viii, column (A), line	e 12)		312,		304,314
j]	13 (Frants and sim	ilar amounts paid (Part I	IX, column (A), lır	nes 1-3)				0.	0
į		14	Benefits paid to	or for members (Part I)	X, column (A), lin	e 4)				0.	0
	န္မ	15 5	Salaries, other o	compensation, employe	e benefits (Part l	IX, column (A), lines	5-10)	<u> </u>	162,		136,574
	<u>ا</u> ۾	16a F	rofessional fur	ndraising fees (Part IX, o	olumn (A), line 1	1e)				0.	0
	ğΪ	b 7	otai fundraisin	g expenses (Part IX, coi	lumn (D), line 25)			0.			
1	"	17 (Other expenses	s (Part IX, column (A), lın	es 11a-11d, 11f-	24e)		\searrow $lacksquare$	129,		118,593
		18 T	otal expenses	Add lines 13-17 (must	equal Part IX, co	lumn (A), line 25)	-A -A	1	291,		255,167
or I		19 F	levenue less ex	kpenses Subtract line 1	8 from line 12	/#	11	_		276.	49,147
S 0.	ğ					- 1		B	ginning of Curre		End of Year
Assets	and Balances	20 7	otal assets (Pa	rt X, line 16)		(JUL (1 20	321 /	298,		365,588
Ä	힏.	21 T	otal liabilities (F	art X, line 26)		()		/_		258.	39,815
2	ŒL.			nd balances Subtract I	ine 21 from line 2				276,	526.	325,773
_			Signature			KEULIVEUL			<u></u>		-
				eclare that I have examined							owledge and belief, it is
tri	је, с	orrect,	and complete. D	eclaration of persons	Proproductions by	ased on all informatio	n of whi	ch preparer	has any knowled		·
		1	real resident	/ (WY/)						1/202	<u> </u>
Sı	gn	- 1	Signature						Date		
Н	ere	1			EASURER						
_			ype or prir	nt name and title					Vote		DIN
		- 1	Print/Type prepar	er's name	Prepa	arer's signature		ال	Date	Check	PTIN
Pa	aid	L								self-employed	
	epai	_ _	irm's name	<u> </u>					Firm's	EIN 🕨	
Us	se Oi	nly F	irm's address	•] -	· · · · ·	
_									Phone	no.	
M	ay ti	ne IRS	discuss this re	eturn with the preparer	shown above? (see instructions)					Yes No
		01-20-	LHA For	Paperwork Reduction	Act Notice, se	e the separate inst	ruction	ns.	· · · · · · · · · · · · · · · · · · ·		Form 990 (2019
		SE	E SCHED	ULE O FOR OR	GANIZATI	ON MISSION	I ST	ATEME	NT CONT	INUATIO	NC NC
											/ \

Pa	rrt 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	
	THE POLICE ACTIVITIES LEAGUE OF HARTFORD WAS ORGANIZED FOR THE PURPOSE	
	OF PROVIDING YOUTH WITH INTEGRITY, RESPECT, DISCIPLINE, SELF-ESTEEM,	
	LEADERSHIP, TEAMWORK AND OTHER VALUABLE LIFE SKILLS THAT INCREASE	-
	INDIVIDUAL SELF-WORTH AND BREED SUCCESS.	_
2	Did the organization undertake any significant program services during the year which were not listed on the orior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ? 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?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 213,771. including grants of \$) (Revenue \$)
	TO PROVIDE YOUTH, BETWEEN THE AGES OF 6 TO 18, WITH ALTERNATIVES TO	_
	VIOLENCE, GANG MEMBERSHIP, TRUANCY AND SUBSTANCE ABUSE.	_
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4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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ic.	(Code) (Expenses \$ including grants of \$) (Revenue \$	- i
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	Louis to Differ V. K.	_
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	Other transfer of the Control of Other transfer of Other	-
d	Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 213.771.	•

INCORPORATED Form 990 (2019) INCORPORATED
Part IV | Checklist of Required Schedules

06-6068864

	art 14 Officeriat of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		 ```	1.00
	If "Yes," complete Schedule A	1	X	1
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	t 🗀	T	
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
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		x
6		<u> </u>	 	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	j	X
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	X
8				
	Schedule D, Part III	8	ľ	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D. Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	x	1
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	 ^	┼
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	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		X
C	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		х
e	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		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	1	Х
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	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		\neg	
	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,	1 1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	[
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ļ	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 ↓	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	1	X

THE POLICE ACTIVITIES LEAGUE OF HARTFORD Form 990 (2019) INCORPORATED

| Part IV | Checklist of Required Schedules (continued) INCORPORATED

<u></u>	Oriodalist of ricquired conteducts for numbers		Yes	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	Ì		İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	+	┿
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No," go to line 25a	24a	.	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	240	:	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ц	↓
2 5a	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	<u>:</u>	X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230	+	 ^
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	}	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	ĺ
	entity (including an employee thereof) 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)			.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	├	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f "Yes," complete Schedule L, Part IV	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	 	
	contributions? If "Yes," complete Schedule M	30	ł	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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 7701-3? If "Yes," complete Schedule R, Part I	33	<u>↓</u>	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١	1	
25.0	Part V, line 1	34 35a	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	 	
U	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?	1000		
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	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	Γ	162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4 1		ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X_	

THE POLICE ACTIVITIES LEAGUE OF HARTFORD 06-6068864 INCORPORATED Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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) $\overline{\mathbf{x}}$ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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 organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a ۵ b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand

Form 990 (2019)

14a

14b

16

X

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Page 6

Form 990 (2019)

INCORPORATED

Outlines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to the processes or changes on Schedule O See instructions to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					LX						
Sec	ction 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	2	4	T	T						
	If there are material differences in voting rights among members of the governing body, or if the governing			7	1	1						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 1		ļ	1	1						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	4'.								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with a	any other	7	١	ļ						
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х						
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or									
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, 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	ar by the	following:	·	7							
а	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 rea	ched a	t the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	_		9	<u> </u>	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	l							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e 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	<u> </u>	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12b	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," des	scribe									
	ın Schedule O how this was done			12c								
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							
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	ependent		l.							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>								
а	The organization's CEO, Executive Director, or top management official			15a		Х						
b	Other officers or key employees of the organization			15b	لـــا	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 arranger	nent wit	h a	<u> </u>								
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipation	1	'	'						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s	<u> </u>	اخدا	<u> </u>						
	exempt status with respect to such arrangements?			16b								
	tion C. Disclosure		<u> </u>									
	List the states with which a copy of this Form 990 is required to be filed ►CT											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-1	(Section 501(c)	3)s only	/) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request Other (explain		•									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, ai	nd fina	ncial							
	statements available to the public during the tax year											
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >									
	MATT GAIESKI - 8605616847											
	29 SOUTH MAIN STREET, WEST HARTFORD, CT 06107											

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Form 990 (2019) 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

- 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 See instructions for the order in which to list the persons above

X Check this box if neither the organization r	or any related	org	anız	atior	n co	mpe	nsa	ted any current officer,	director, or trustee	
(A)	(B)	Τ			C)			(D)	(E)	(F)
Name and title	Average	1,00	not c	Pos	ontion	n s than	ODE	Reportable	Reportable	Estimated
	hours per	box	k, unle	ss pe	erson	is bot	lh an	compensation	compensation	amount of
	week	—	T	l	JII GCI	T	100)	from	from related	other
	(list any	individual trustee or director				L	1	the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	ᆲ			Safed	l	organization (W-2/1099-MISC)	(VV-2/1099-WII3C)	organization
	organizations	Taste	Institutional trustee	J	l g	mge.	ļ	(** 27 1000 111100)		and related
	below	qual	l gg		Key emptoyee	oyee oyee	₁₅₅		i	organizations
	line)	India	fust	Office	ě,	Highest compensated employee	Рогтег			,,
(1) MIKE CLIFFORD	2.00									4
PRESIDENT		X	_	Х				0.	0.	0.
(2) MATT GAIESKI	2.00									3,
TREASURER		X		Х	L	L		0.	0.	0.
(3) PETER GETZ	2.00							_	_	_
VICE PRESIDENT		X		X	_			0.	0.	0.
(4) DAVID JORGENSEN	2.00				ŀ					,
CHAIRMAN		X	Ш	X	L	Ш		0.	0.	0.
(5) JENNIFER AMARA	2.00									•
CLERK		Х		X		\sqcup	_	0.	0.	0.
(6) HARRY BELLUCCI	2.00			ı						
BOARD MEMBER	- 0 00	Х		_			_	0.	0.	0.
(7) JASON THODY	2.00		1	- 1						•
BOARD MEMBER		Х		_		_	_	0.	0.	0.
(8) MIKE CAVANAUGH	2.00			ł				.	.	•
BOARD MEMBER	0.00	Х		4	_	1	_	0.	0.	0.
(9) WILLIAM CORDERO	2.00		ı	ľ	ı		- 1	. 1		•
BOARD MEMBER		Х	-	_	_		4	0.	0.	0.
(10) JESSICA DORAZIO	2.00	.,	ĺ		- 1		ı	. 1	.	0
BOARD MEMBER	-2 00	Х	_}	_			_}	0.	0.	0.
(11) DAVID FAY	2.00	x			- 1			0.	0.	0.
BOARD MEMBER (12) SAMMY GONZALEZ	2.00	4	\rightarrow	\dashv			\dashv			
BOARD MEMBER		x	1					0.	0.	0.
(13) RUSS LALLIER	2.00	^	\dashv		-+	\dashv	\dashv			
BOARD MEMBER		\mathbf{x}		ı	ŀ		ļ	0.	0.	0.
(14) WINFIELD LATIF	2.00	^	\dashv	-+	\dashv	-	\dashv			<u>-</u>
BOARD MEMBER		\mathbf{x}			ı		- 1	0.	0.	0.
(15) CHRIS LAWRENCE	2.00		十	\dashv	-	\dashv	\dashv			_
BOARD MEMBER		\mathbf{x}		-				0.	0.	0.
(16) MICHAEL MATTEO	2.00	 +	_	\dashv	-+	\dashv	-			
BOARD MEMBER		\mathbf{x}	-	-			J	0.	0.	0.
(17) CHRIS QUAYE	2.00	 +	\dashv	\dashv	十	\dashv	\dashv			
BOARD MEMBER		\mathbf{x}	-	-				0.	0.	0.
							_			

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Form 990 (2019) INCORPORATED

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(A)	(B)	ipioy	yees		<u>а п</u> С)	igne	SU	(D)	(E)		(F)	
Name and title	Average	1.	Position (do not check more than one					Reportable	Reportable	.	Estimated	d
Name and the	hours per	box	k, unle	ss pe	erson	is bot	th an	1 ' .	compensate		amount o	
	week	├	icer ar	nd a d	irecto	or/trus	stee)	from	from relate	-	other	
	(list any hours for	Individual trustee or director	irecto				1	the	organization		compensat	
	related	p o a	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from the organization	
	organizations	Tuste	Institutional trustee	l	8	uadu		(**-271033-141100)			and relate	
	below	dual	l india		Key employee	estco	ig .				organizatio	
	line)	Indiv	Inst	Officer	ke.	Highest compensated employee	퉏	L				
(18) JOSH REESE	2.00	X						0.		0.		Λ
BOARD MEMBER (19) MANNY RIVERA	2.00	^	\vdash	-	⊢	⊢	├	· · · · · ·	<u> </u>	<u> </u>	 -	0.
BOARD MEMBER	2.00	X						0.		0.		0.
(20) IAN POWELL	2.00	 	╁┈	-	┢	╁	-					<u> </u>
BOARD MEMBER		X				ļ]	0.		0.		0.
(21) REBECCA SMITH	2.00						<u> </u>					
BOARD MEMBER		Х				l		0.		0.		0.
(22) PAUL SPOSITO	2.00											
BOARD MEMBER		X					L.	0.		0.		0.
(23) GEORGE STEIR	2.00											
BOARD MEMBER		X	Ш			Щ	<u> </u>	0.		0.		0.
(24) ANDREA WILLIAMS	2.00							ا م		^		^
BOARD MEMBER	 	X	Н			Н	<u> </u>	0.		0.		0.
		İ										
		Н		-1					•			
1b Subtotal	<u> </u>						▶	0.		0.		0.
c Total from continuation sheets to Part VI	I, Section A					1	>	0.		0.		0.
d_Total (add lines 1b and 1c)				_			▶_	0.		0.		0.
2 Total number of individuals (including but need to be a continued or continued	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportab	le		_
compensation from the organization								<u></u>			- IV I I	0
2 Did the examination but on formal officers		1.		1						ı	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		е, к	ey e	mpi	oyee	e, or	nigi	nest compensated emp	loyee on		3	X X
4 For any individual listed on line 1a, is the su		e co	mpe	nsa	tion	and	l oth	ner compensation from t	he organization	l	" 	=-
and related organizations greater than \$150	•		•					•	organization		4	χ̈́
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," comp											5	X
Section B. Independent Contractors								·				
 Complete this table for your five highest cor 	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of com	pens	ation from	
the organization Report compensation for t	he calendar ye	ear e	ndın	g w	ith c	or wi	thin		ear			
(A) Name and business	address	NIC	NE					(B) Description of se	envices	C	(C) ompensation	
Traine and business		INC	ME				+		777000		ompendation	—
							十					—
							T					
							4	_ 				
					—		+					—
							\perp					
2 Total number of independent contractors (in		ot lim	nited	to t	hos	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation >				-0				L		orm 990 (20	

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L	aπ	<u> </u>	Check if Schedule C			pons	e or note to any li	ne 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
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contained and the contributions, gifts similar amounts not include	, grar	nts, and		5,000.				
턀		g	Noncash contributions included i			\$		[
ပ္ပိုင်္ဂ		h	Total. Add lines 1a-1f				<u> </u>	296,481.			
Program Service Revenue	2	2 a b c					Business Code				
gran		đ									
č		e	Att. II.								
_	-		All other program service Total. Add lines 2a-2f	reve	enue		•				
	3)	Investment income (inclu other similar amounts) Income from investment	_			est, and	1,133.			1,133.
	5	•	Royalties		(ı) Rea	I	(ii) Personal				
	6	b	Gross rents Less rental expenses Rental income or (loss)	6a 6b 6c	(i) Hea		(ii) Personal	,	·	, .	
			Net rental income or (loss)							
_	7		Gross amount from sales of assets other than inventory Less cost or other basis	7a	(ı) Secur	ties	(ii) Other		·	•	, ,
Other Revenue			and sales expenses Gain or (loss) Net gain or (loss)	7b 7c			>				
Othe	8		Gross income from fundraisii including \$ contributions reported on Part IV, line 18 Less direct expenses		of	8a 8b	6,700.		}		
			Net income or (loss) from t	fund	raising eve		•	6,700.			6,700.
	9	а	Gross income from gaming Part IV, line 19 Less direct expenses		_	_			• ,	,	
			Net income or (loss) from (gamı	ng activitie		•				
	10	а	Gross sales of inventory, le and allowances	_	-	10a					
			Less cost of goods sold		-6	10b					
s			Net income or (loss) from s	ales	oi invento	'Y 	Business Code				
Miscellaneous Revenue	11	a b									
اچ ق		c .				_ [
<u> </u>			All other revenue			i				-	
		_	Total. Add lines 11a-11d	26				304,314.	0.	0.	7,833.
32009	12		Total revenue See instruction	15				304,314.			Form 990 (2019)

13411111 755449 PAAL001

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 respon				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	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	Į.			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u></u>	
4	Benefits paid to or for members				
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	1	j		
-	persons described in section 4958(c)(3)(B)	125,112.	125,112.		
7	Other salaries and wages Pension plan accruals and contributions (include	100,1100	100,110.		
8	section 401(k) and 403(b) employer contributions)		1		
9	· · · · · · · · · · · · · · · · · · ·				
_	Other employee benefits Payroll taxes	11,462.	11,462.		
10 11	Fees for services (nonemployees)	11,402.	11,302.		
	, , , ,				
a	Management	13,336.	· · · · · · · · · · · · · · · · · · ·	13,336.	
b	Legal				
ď	Lobbying	·			
	Professional fundraising services. See Part IV, line 17	· · ·	, ,	: , .	
f	Investment management fees			·	
g	Other (If line 11g amount exceeds 10% of line 25,		· · · · · · · · · · · · · · · · · · ·		
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	1,300.	1,300.		
12	Advertising and promotion				
13	Office expenses	4,899.		4,899.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,733.	7,733.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,030.		6,030.	
23	Insurance	4,623.		4,623.	· -
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				. [
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			'	1
а	CONTRACTED SERVICES	24,099.	24,099.		
a b	OTHER PROGRAM SERVICE	22,898.	10,390.	12,508.	
c	EQUIPMENT EXPENSE	17,028.	17,028.		
d	CLOTHING & UNIFORM EXPE	10,023.	10,023.		
	All other expenses	6,624.	6,624.		
25	Total functional expenses. Add lines 1 through 24e	255,167.	213,771.	41,396.	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.		İ		
	Check here if following SOP 98-2 (ASC 958-720)				
32010	01-20-20				Form 990 (2019)

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	art X	(Balance Sheet					OOOOOI Fage II		
<u>``</u>		Check if Schedule O contains a response or no	te to a	ny line in this Part X					
				,	(A) Beginning of year		(B) End of year		
_	1	Cash · non-interest-bearing			273,045	, 1	332,988.		
	2	•				2			
	3					3			
	4	•			8,310	4	0.		
	5	·	r form	er officer, director,	1				
		trustee, key employee, creator or founder, subs	tantıal	contributor, or 35%		.			
	1	controlled entity or family member of any of the	se per	sons		5			
	6	Loans and other receivables from other disquali	fied po	ersons (as defined		.[
	1	under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6			
ş	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use		8	<u> </u>				
⋖	9	Prepaid expenses and deferred charges			698.	9	4,656.		
	108	a Land, buildings, and equipment cost or other	45,769.		•				
		basis Complete Part VI of Schedule D		.]	<u> </u>				
	t	b Less accumulated depreciation	10b	17,825.	16,831.	10c	27,944.		
	11	Investments - publicly traded securities		<u>_</u>		11			
	12	Investments - other securities See Part IV, line 1	11	L		12			
	13	Investments - program-related See Part IV, line	11	<u> </u>		13			
	14	Intangible assets	_ ~ ~ 						
	15	Other assets. See Part IV, line 11		L		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line :	33)	298,884.	16	365,588.		
	17	Accounts payable and accrued expenses	22,258.	17	39,815.				
	18	Grants payable	<u> </u> _		18				
	19	Deferred revenue		<u> </u>		19	<u> </u>		
	20	Tax-exempt bond liabilities		<u> </u>		20			
	21	Escrow or custodial account liability Complete F				21			
Liabilities	22	Loans and other payables to any current or form		,	Š				
Ē		trustee, key employee, creator or founder, substa					- 		
Lia		controlled entity or family member of any of thes				22	 		
	23	Secured mortgages and notes payable to unrelate		· ·		23			
	24	Unsecured notes and loans payable to unrelated		·		24			
	25	Other liabilities (including federal income tax, pay							
		parties, and other liabilities not included on lines of Schedule D	17-24)	Complete Part X		25	ı		
	26	Total liabilities. Add lines 17 through 25		 	22,258.	26	39,815.		
_	20	Organizations that follow FASB ASC 958, chec	k her		22,2301	-20	- 33,023.		
S		and complete lines 27, 28, 32, and 33.	A HEH						
auc	27	Net assets without donor restrictions		-		27			
Bal	28	Net assets with donor restrictions		 		28			
פ		Organizations that do not follow FASB ASC 95	ck here X			· .			
2		and complete lines 29 through 33.	- ,		1	.			
20	29	Capital stock or trust principal, or current funds			0.	29	0.		
Set	30	Paid-in or capital surplus, or land, building, or equ	ııpmen	it fund	0.	30	0.		
As	31	Retained earnings, endowment, accumulated inc		276,626.	31	325,773.			
Net Assets or Fund Balances	32	Total net assets or fund balances	-, -		276,626.	32	325,773.		
_	33	Total liabilities and net assets/fund balances			298,884.	33	365,588.		
							Form 990 (2019)		

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
				2.0	4 2	1 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1				14.
2	Total expenses (must equal Part IX, column (A), line 25)	2_				67.
3	Revenue less expenses Subtract line 2 from line 1	3_				47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2/	6,6	26.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				_	
	column (B))	10		32	<u>5,7</u>	73.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
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	0				لــيــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					1 1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bası	s,			1 1
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıl	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule	0			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	ıdıt			
	Act and OMB Circular A-133?			За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	ıdıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

THE POLICE ACTIVITIES LEAGUE OF HARTFORD

2019

Open to Public Inspection

Employer identification number

06-6068864 INCORPORATED Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported n your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 INCORPORATED

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if your checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year, as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14\is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not	222 101	205 756	224 642	202 662	296,481.	1 241 642	
2	include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	232,101.	295,756.	224,642.	292,663.	290,461.	1,341,643.	
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	232,101.	295,756.	224,642.	292,663.	296,481.	1,341,643.	
	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
t) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
_	· · · · · · · · · · · · · · · · · · ·						<u>ŏ:</u>	
	Add lines 7a and 7b						1,341,643.	
8	Public support. (Subtracting 7c from line 6.)	<u></u>					1,341,043.	
			#1.0040		/ 11 0010	() 2040		
	ndar year (or fiscal year beginning in)	(a) 2015 232, 101.	(b) 2016 295, 756.	(c) 2017 224,642.	(d) 2018 292,663.	(e) 2019 296,481.	(f) Total	
	Amounts from line 6	232,101.	295,750.	224,042.	494,003.	230,401.	1,341,643.	
ıva	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	261.	582.	617.	468.	1,133.	3,061.	
b	Unrelated business taxable income	 						
_	(less section 511 taxes) from businesses	ľ		ľ		1		
	acquired after June 30, 1975							
_	Add lines 10a and 10b	261.	582.	617.	468.	1,133.	3,061.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2021	3020	327.0		171331		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	15.		1,091.	115.		1,221.	
13	Total support. (Add lines 9, 10c, 11, and 12)	232,377.	296,338.	226,350.	293,246.	297,614.	1,345,925.	
	First five years. If the Form 990 is for					501(c)(3) organiza	ition	
	check this box and stop here	and organization of	mot, cocoma, ama	,	. ,		, ▶□	
	tion C. Computation of Public	c Support Per	centage					
	Public support percentage for 2019 (lin			olumn (fi)		15	99.68 %	
			•	Olditii (i))	ŀ	16	99.72 %	
	Public support percentage from 2018 tion D. Computation of Inves					10	33172 70	
	· 			- 40 (0)		47	.23 %	
	Investment income percentage for 201	•		e 13, column (t))	}-	17		
								
	33 1/3% support tests - 2019. If the c	=					ıs not	
	more than 33 1/3%, check this box and 33 1/3% support tests - 2018. If the control is the contr	•	-				▶	
	ine 18 is not more than 33 1/3%, chec						▶ □	
	Private foundation. If the organization							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	;	No
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Scl	nedule A (Form 990 or 990-EZ) 2019 INCORPORATED	<u>06-60688</u>	64 F	age 5
P	art IV Supporting Organizations _(continued)			
		<u></u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	-l
	below, the governing body of a supported organization?	11a	-	↓
	A family member of a person described in (a) above?	11b	↓	↓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Se</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]	J]
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities. If the organization had more than one supported organization,] .		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	↓	↓
2	Did the organization operate for the benefit of any supported organization other than the supported		. , .	,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		·	:
_	supervised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ŀ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	1	۵.
	or management of the supporting organization was vested in the same persons that controlled or managed			<u> </u>
_	the supported organization(s)		<u>L</u>	Щ.
Sec	ction D. All Type III Supporting Organizations			
		г -	Yes	No .T.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			, ,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	ĺ '
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	 -		<u> </u>
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported] .	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	 - -	·
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ľ	ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instr			
1		uctions).		
a	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
b		· (one inotwinting		
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions	· T	Ma
2	Activities Test Answer (a) and (b) below.	r 	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.	- 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		'.	. 1
		ľ	•	·
	how the organization was responsive to those supported organizations, and how the organization determined	 -		
	that these activities constituted substantially all of its activities	2a		 i
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1	į	•
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			.]
	reasons for the organization's position that its supported organization(s) would have engaged in these		—	ائــــــ
•	activities but for the organization's involvement	2b	-+	
3	Parent of Supported Organizations Answer (a) and (b) below.	1 1	1	ſ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	32	 ·	
J.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		.
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	 -	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	L SD		

Sch	edule A (Form 990 or 990-EZ) 2019 INCORPORATED		(06-6068864 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust of	n Nov 20, 1970 (explain in	Part VI) See instructions.
	other Type III non-functionally integrated supporting organizations must contain the supporting organizations must contain the supporting organizations and supporting organizations.	-		·
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	"		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1.	;	•
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	+	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	٠,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	•	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

06-6068864 Page 7 Schedule A (Form 990 or 990-EZ) 2019 INCORPORATED Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3 and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 INCORPORATED	06-606864 Page
Part ₃ VI)	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 1c, 2a, 2b, 3a, and 3b, Part V, lines 2, 5, and 6. Also complete this part for a (See instructions)	line 17a or 17b, Part III, line 12, in B, lines 1 and 2, Part IV, Section C, ne 1, Part V, Section B, line 1e, Part V, any additional information
	And the second of	
		
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		··· ····
		
		
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 06-6068864

OMB No 1545-0047

Open to Public

Inspection

THE POLICE ACTIVITIES LEAGUE OF HARTFORD INCORPORATED

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 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 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 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) No _ 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 FASB 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

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

b If the organization elected, as permitted under FASB 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,

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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

provide the following amounts relating to these items

Schedule D (Form 990) 2019

932051 10-02-19

Sch	edule D (Form 990) 2019 INCORPO									<u> 6886</u>		<u>age 2</u>
Pa	rt III Organizations Maintaining	Collections of A	Art, Hi	storical T	reasures,	or Oth	ner S	imila	ar Ass	ts(contir	nued)	
3	Using the organization's acquisition, access	sion, and other reco	rds, che	ck any of the	e following th	nat make	sıgnı	ficant	use of it	5		
	collection items (check all that apply)		_	,								
а	Public exhibition		a 🖳	Loan or exc	change prog	ıram						
b	Scholarly research		е L	Other								
С	Preservation for future generations											
4	Provide a description of the organization's of	collections and expla	ain how	they further	the organiza	tion's ex	empt	purpo	se in Pa	rt XIII		
5	During the year, did the organization solicit	or receive donations	of art,	historical trea	asures, or ot	her sımıla	ar ass	ets		_		٦ .
-	to be sold to raise funds rather than to be m									Yes	<u> </u>	<u> No</u>
Ра	rt IV Escrow and Custodial Arrar	-	lete if th	ne organizatio	on answered	l "Yes" o	n For	m 990	, Part IV	line 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custoo	lian or other interme	ediary fo	r contributio	ns or other a	issets no	t incli	nged		٦.,	Γ	٦.,
	on Form 990, Part X?			4-51-						∐ Yes	ـــــ	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table			г					——
	B hali						⊢	- 		Amount		
С.	• •						⊢	1c				
d	• •						-	1d				
e	Distributions during the year						- 1-	1e				
f	Ending balance	orm 000 Dark V (m.	. 01 60.		untadial aga	aunt liab	L.	1f	$\overline{}$	Yes	\neg	No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	•					•		<u> </u>	⊒ res	-] NO
	rt V Endowment Funds. Complete											<u></u>
		(a) Current year		Prior year	(c) Two year			hree ve	ars back	(e) Four	vears l	back
1a	Beginning of year balance	(a) Guirdite you.	1-1-/	, , , , , , , , , , , , , , , , , , ,	10,		1-/	<u></u>		10) 1 0 1	,	
	Contributions		†						_			
	Net investment earnings, gains, and losses						_		-			
	Grants or scholarships											
	Other expenditures for facilities										-	
	and programs		1		1	- 1						
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end baland	e (line	g, column (a	i)) held as			-			•	
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%									•	
С	Term endowment ▶	/ 6										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held ar	nd administe	ered for the	he org	ganıza	tion	_		
	by									\	/es	No
	(i) Unrelated organizations									3a(ı)		
	(II) Related organizations									3a(iı)		
	If "Yes" on line 3a(ii), are the related organiza									3b	L	
	Describe in Part XIII the intended uses of the		wment	funds								
Par								_				
	Complete if the organization answered										- -	
	Description of property	(a) Cost or o		(b) Cost basis (J	(c) Added	recia			(d) Book	value	
1a	Land											
b	Buildings								_			
C	Leasehold improvements						4	-				
	Equipment			4:	5,769.		17	, 82	<u> </u>	27	,94	4.
	Other											
Total.	Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part .	X, colun	nn (B), line 10	Oc)				<u> </u>	27	<u>,94</u>	4.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INCORPORATE	D	U	6-6068864 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		<u> </u>	
(A)		<u> </u>	
(B)		<u> </u>	
(C)		<u> </u>	
(D)			
(E)		<u> </u>	
		<u></u>	
(G)	<u> </u>	<u> </u>	
(H)		<u> </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(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" of	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.	<u> </u>		<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	5
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)	····		
(4)		·	
(5)			
			
(6)			
(7)			
(8)			
(9)	25)		
Total. (Column (b) must equal Form 990, Part X, col (B) line		Abo amagination of the second	<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide t	ine text of the footnote to	the organization's financial statements	tnat reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

THE POLICE ACTIVITIES LEAGUE OF HARTFORD Name of the organization

Employer identification number

INCORPORATED 06~6068864					8864				
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part									
		uno act	Ivities	Check all that apply	,				
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply								
	a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants								
b Internet and email solicitation			-	-					
	c Phone solicitations g Special fundraising events								
d In-person solicitations									
2 a Did the organization have a written									
key employees listed in Form 990, F	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be									
compensated at least \$5,000 by the	compensated at least \$5,000 by the organization								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount to (or retained organization organization)							
		Yes	No	 	<u> </u>	 · · · · · · · · · · · · · · · · · · ·			
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Total									
3 List all states in which the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from re	gistration			
or licensing									
	<u> </u>								
									
_ 									

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

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Schedule G (Form 990 or 990 EZ) 2019 INCORPORATED 06-6068864 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col (a) through TOURNAMENT col (c)) (event type) (event type) (total number) 6,700. 6,700. 1 Gross receipts 2 Less Contributions 6,700 6,700. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 6,700. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 INCORPORATED	06-6068864 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
	a The organization's facility	13a %
	o An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds.
	2, 100 the harmon and according to property and property and and a general grant gra	
	Name ►	
	Address >	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt
	of gaming revenue retained by the third party >\$	
c	If "Yes," enter name and address of the third party	
	Name	
	Address >	
16	Gaming manager information	
	Name	
	Gaming manager compensation > \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions.	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
	organization's own exempt activities during the tax year > \$	
	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), a	and Part III, lines 9, 9b, 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
		
		
	 	
		

Schedule Giform 990 or 990 EZ INCORPORATED 06-6058864 Pa	Page 4) 06-6068864	HARTFORD	OF	LEAGUE	TIVITIES			i (Form 990 or 990	Schedule G
							1 (continued)	ntal Information	Supplement	Part IV
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SCHEDULE O

Department of the Treasury

(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.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. THE POLICE ACTIVITIES LEAGUE OF HARTFORD

INCORPORATED

Employer identification number 06-6068864

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
POTENTIAL.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE ADMINISTRATOR AND THE TREASURER PRIOR TO
REVIEW BY THE GOVERNING BODY.
FORM 990, PART VI, SECTION C, LINE 19:
ANY INQUIRIES REGARDING GOVERNING DOCUMENTS WILL BE REFERRED TO THE
ADMINISTRATOR AND MADE AVAILABLE UPON REQUEST.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)