

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2008

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 9/01/08, and ending 8/31/09

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>ARIZONA POLICE ASSOCIATION</u>	<b>D</b> Employer identification number <u>86-0769532</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>1102 W. ADAMS ST.</u>	<b>E</b> Telephone number <u>602-246-7869</u>
		City or town, state or country, and ZIP + 4 <u>PHOENIX AZ 85007</u>	<b>F</b> Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.AZPOLICE.ORG  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

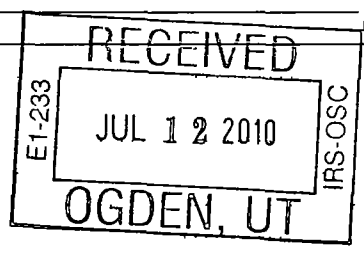
**J** Organization type (check only one)—  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 128,420

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	51
	3	Membership dues and assessments	3	127,641
	4	Investment income	4	728
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	128,420	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	43,088
	13	Professional fees and other payments to independent contractors	13	1,025
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	216
	16	Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	16	53,035
17	<b>Total expenses.</b> Add lines 10 through 16	17	97,364	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,056
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	72,093
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	103,149



### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,474	76,302
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u> )	58,234	26,847
25 <b>Total assets</b>	106,708	103,149
26 <b>Total liabilities</b> (describe ▶ <u>SEE STATEMENT 4</u> )	34,615	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	72,093	103,149

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

Form **990-EZ** (2008)

16P

SCANNED AUG 05 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? PROFESSIONAL POLICE OFFICERS ASSOCIATION		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	SEE STATEMENT 5	
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 1,100
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 31a
32	Total program service expenses (add lines 28a through 31a)	32 1,100

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
JIMMY CHAVEZ 1102 W ADAMS STREET PHOENIX AZ 85007	PRESIDENT	0	0	0	0
FABIAN COTA 1102 W. ADAMS STREET PHOENIX AZ 85007	VICE PRES.	0	0	0	0
JUSTIN HARRIS 1102 W. ADAMS STREET PHOENIX AZ 85007	SECRETARY	0	0	0	0
JOE CLURE 1102 W ADAMS STREET PHOENIX AZ 85007	TREASURER	0	0	0	0
TONY RIBERA 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JEFF ROGERS 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
CHRIS TIMMONS 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JEFF HEARD 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
GLEN CONION 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
CRAIG WOODRUFF 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
LOMBARDO ROBLES 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JEFF BEZIO 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
DOUG LYNCH 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
SEAN PEARCE 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JEFF MC HENRY 1102 W ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JIM KRAUGER 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
JOHN SOLANO 1102 W ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0
KEN BRUCE 1102 W. ADAMS STREET PHOENIX AZ 85007	DIRECTOR	0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
42a	The books are in care of 1102 W ADAMS ST Located at PHOENIX, AZ		
	Telephone no		
	ZIP + 4		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

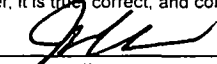
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors each receiving over \$100,000 ▶


**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

  7/7/10  
 Signature of officer Date

Joe Clure, Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 7/6/10  
 Check if self-employed  Preparer's Identifying Number (See instr) P00280583

Firm's name (or yours if self-employed), address, and ZIP + 4  
 HOWARD M. ZIPSER, P.C.  
 10920 N. TATUM BLVD. #100  
 PHOENIX, AZ 85028

EIN ▶ 86-0637775  
 Phone no ▶ 602-263-5524

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

APA ARIZONA POLICE ASSOCIATION

86-0769532

FYE: 8/31/2009

**Federal Statements**

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
DUES	\$ 127,641
TOTAL	\$ 127,641

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
CONFERENCES/MEETINGS	605
BANK SERVICE CHARGES	7
AUTOMOBILE EXPENSES	1,838
CONSULTING FEES	42,209
INSURANCE	5,785
OUTSIDE SERVICES	1,100
TAXES AND LICENSES	520
TELEPHONE	855
WEBSITE EXPENSES	1,238
RECOVERY OF EXPENSES	-1,122
TOTAL	\$ 53,035

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 27,215	\$ 26,643
ORGANIZATIONAL COSTS	204	204
MISCELLANEOUS RECEIVABLE	30,815	
	58,234	26,847

**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 34,006	\$
PAYROLL TAXES WITHHELD	609	
	34,615	

## Federal Statements

### Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

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MEETINGS, SEMINARS, AND EVENTS ARE PRESENTED FEATURING SPEAKERS AND PANELS ON RELEVANT ISSUES WHICH ARE EDUCATIONAL TO MEMBERS AND NON-MEMBERS. COMMITTEES PROVIDE SUPPORT SERVICES TO MEMBERS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Type or print File by the date and use date for filing the return. See instructions.	Name of Exempt Organization ARIZONA POLICE ASSOCIATION	Employer identification number 88-1769737
	Number, street, and room or suite no. If a P.O. box, see instructions 1102 W. ADAMS STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHOENIX, AZ 85007	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- The books are in the care of  ARIZONA POLICE ASSOCIATION  
Telephone No  602-246-8689 FAX No  602-246-0726
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 3/15/2010

5 For calendar year \_\_\_\_\_, or other tax year beginning 3/1/2008 and ending 2/28/2009

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension: ADDITIONAL FINANCIAL INFORMATION RECEIVED. THIS INFORMATION IS NECESSARY TO FILE A CORRECTED RETURN.

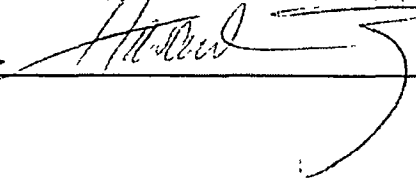
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. **8a \$**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **8b \$**

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **8c \$**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this form is true and complete, and that I am authorized to prepare this form.

Signature   Title  CPA Date  4/12/10

ARIZONA POLICE ASSOCIATION, INC.  
1102 W. ADAMS STREET, SUITE 100  
PHOENIX, AZ 85007

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>ARIZONA POLICE ASSOCIATION</b>	Employer identification number <b>86-0769532</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1102 W. ADAMS STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PHOENIX, AZ 85007</b>	

**Check type of return to be filed (file a separate application for each return):**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► ARIZONA POLICE ASSOCIATION

Telephone No. ► 602-246-7869      FAX No. ► 602-246-0226

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or  
 ►  tax year beginning 9/1, 2008, and ending 8/31, 2009.

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$	0
3b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	\$	0
3c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.