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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ 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.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
PUBLIC SAFETY EMPLOYEES ASSOCIATION, INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
4300 BONIFACE PARKWAY 116

City or town, state or country, and ZIP + 4
ANCHORAGE, AK 99504

D Employer identification number
92-0059564

E Telephone number
(907) 337-1979

F 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.PSEA.NET

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 ▶ $ 864,942.

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	8,040.
	2	Program service revenue including government fees and contracts		2	46,535.
	3	Membership dues and assessments		3	752,573.
	4	Investment income		4	7,412.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 50,382.		
	b	Less: direct expenses other than fundraising expenses	6b 15,261.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	35,121.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	849,681.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	31,112.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	320,741.
	13	Professional fees and other payments to independent contractors		13	205,573.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	79,063.
	15	Printing, publications, postage, and shipping		15	20,040.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	221,996.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	878,525.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<28,844.>
	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	454,739.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	<33,806.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	392,089.

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	441,664.	22	382,175.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	14,500.	24	11,308.
25	**Total assets**	456,164.	25	393,483.
26	**Total liabilities** (describe ▶ PAYROLL WITHHOLDINGS)	1,425.	26	1,394.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	454,739.	27	392,089.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 7

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 LABOR ORGANIZATION - BETTERMENT OF MEMBERS WAGES, BENEFITS AND WORKING CONDITIONS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

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
GARY R. COX 261 ANNA STREET, ANCHORAGE, AK 99504	PRESIDENT 20.00	25,000.	0.	0.
DOUGLAS MASSIE P O BOX 874893, WASILLA, AK 99687	VICE-PRESIDENT 0.00	0.	0.	0.
JEFF LANDVATTER P O BOX 21007, JUNEAU, AK 99802	VICE-PRESIDENT 0.00	0.	0.	0.
GARY DELK 3527 AERO AVE, ANCHORAGE, AK 99517	VICE-PRESIDENT 0.00	0.	0.	0.
STEVE LANTZ P O BOX 55824, NORTH POLE, AK 99705	VICE-PRESIDENT 0.00	0.	0.	0.
JAMES SEARS P O BOX 1557, NOME, AK 99762	VICE-PRESIDENT 0.00	0.	0.	0.
BRIAN DALLAS P O BOX 33852, JUNEAU, AK 99803	VICE-PRESIDENT 0.00	0.	0.	0.
ERIC BURROUGHS, 18313 CACHE CREEK CIRCLE, EAGLE RIVER, AK 99577	SECRETARY/TREASURER 0.00	0.	0.	0.
SEAN MARTINEZ 552 GRANDVIEW CT, FAIRBANKS, AK 99709	BOARD MEMBER 0.00	0.	0.	0.
ROBERT THOMPSON 4540 DARTMOUTH, FAIRBANKS, AK 99709	BOARD MEMBER 0.00	0.	0.	0.
JOHN CYR, 4300 BONIFACE PKWY, SUITE 116, ANCHORAGE, AK 99504	EXECUTIVE DIRECTOR 40.00	90,092.	25,808.	0.
TIMOTHY SCHOENBERG 1979 PEGER RD, FAIRBANKS, AK 99709	PAST VICE PRESIDENT 0.00	0.	0.	0.
ANDREW MERRILL P O BOX 1952, NOME, AK 99762	PAST VICE PRESIDENT 0.00	0.	0.	0.
TROY SHUEY P O BOX 875541, WASILLA, AK 99687	PAST SECRETARY/TREASURER 0.00	0.	0.	0.
RICHARD RIFLEY P O BOX 60498, FAIRBANKS, AK 99706	PAST VICE PRESIDENT 0.00	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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	40b	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 907-337-1979			
	Located at ▶ 4300 BONIFACE PARKWAY, ANCHORAGE, AK ZIP + 4 ▶ 99504			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
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 ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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
N/A				
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."

N/A

(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

▶ Signature of officer — Date: 11/10/09

▶ GARY R. COX, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Bruce C Restad — Date: 10-21-09 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LOCKITCH, CLEMENTS & RICE, P.S.
534 WESTLAKE AVE. N., STE 300
SEATTLE, WA 98109

EIN ▶

Phone no. ▶ (206)622-4253

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

832174
12-17-08

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE EQUIPMENT	VARIES	SL	5.00	17	109,781.			109,781.	97,961.		5,465.
	* TOTAL 990-EZ PG 1 DEPR					109,781.		0.	109,781.	97,961.	0.	5,465.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MEETINGS AND TRAVEL	153,223.
INSURANCE	3,412.
DONATIONS	12,046.
GRIEVANCES AND ARBITRATIONS	53,315.
TOTAL TO FORM 990-EZ, LINE 16	221,996.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSIT	4,953.	4,953.
OTHER DEPRECIABLE ASSETS	9,547.	6,355.
TOTAL TO FORM 990-EZ, LINE 24	14,500.	11,308.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATES ADDRESS
AFSCME	1265 L STREET NW WASHINGTON, DC 20036

PURPOSE OF PAYMENT	AMOUNT
PER CAPITA	31,112.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	31,112.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
NET DEPRECIATION IN FAIR VALUE OF INVESTMENTS	<33,806.>
TOTAL TO FORM 990-EZ, LINE 20	<33,806.>

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	5,465.
OTHER EXPENSES	73,598.
TOTAL TO FORM 990-EZ, LINE 14	79,063.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE ASSOCIATION REPRESENTS AND ACTS FOR MEMBERS AS THE EXCLUSIVE BARGAINING REPRESENTATIVE FOR WAGES, WORKING CONDITIONS, BENEFITS AND TRAINING.