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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations 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 09-01-2008, and ending 08-31-2009

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

Kansas Peace Officers Association co Al Thimmesch

D Employer identification number

48-6112862

E Telephone number

(316) 722-8433

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.KPOA.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) (4) ☐ (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 ► \$ 264,982

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	40,605
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	52,760
	4	Investment income	4	7,042
	5a	Gross amount from sale of assets other than inventory	5a	156,046
	b	Less cost or other basis and sales expenses	5b	265,619
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-109,573
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here <input type="checkbox"/>		
	a	Gross revenue (not including \$_____of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
Expenses	c	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	
	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 <input type="checkbox"/>)	8	8,529
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	-637
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	9,000
	12	Salaries, other compensation, and employee benefits	12	30,000
	13	Professional fees and other payments to independent contractors	13	3,850
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	4,800
	15	Printing, publications, postage, and shipping	15	4,414
	16	Other expenses (describe <input type="checkbox"/>)	16	63,431
	17	Total expenses (add lines 10 through 16)	17	115,495
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-116,132
	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	454,063
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>	20	24,455
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	362,386

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

23 Land and buildings

24 Other assets (describe ►)

25 Total assets

26 Total liabilities (describe ►)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

454,063

22

362,386

23

24

454,063

25

362,386

0

26

0

454,063

27

362,386

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

Cat No 10642I

Form 990-EZ (2008)

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? TO PROMOTE ACQUAINTANCE AMONG PEACE OFFICERS IN KANSAS AND ADVANCE THE PROFESSION AND STANDARDS OF LAW ENFORCEMENT			
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 Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) <input type="checkbox"/>			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	34,013

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
See Additional Data Table				

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

No

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

No

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 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

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

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

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, 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.

40b

No

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?

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ AL THIMMESCH Telephone no ▶ (316) 722-8433

2614 LANDON

Located at ▶ Wichita, KS

ZIP + 4 ▶ 672052038

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

Yes

No

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

No

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

Yes

No

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

No

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

No

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.

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	Yes	No
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?		
49b	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 received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

Please 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		2010-04-21 Date	
Paid Preparer's Use Only	AL THIMMESCH Secretary / Treasurer Type or print name and title			
	Preparer's signature	James D Cooper CPA	Date 2010-04-05	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's PTIN (See Gen Inst X)
	Kirkpatrick Sprecker & CoLLP 311 S Hillside Wichita, KS 672112130			EIN Phone no (316) 685-1411
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 48-6112862

Name: Kansas Peace Officers Association co Al Thimmesch

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 PROVIDED SCHOLARSHIPS TO STUDENTS INTERESTED IN LAW ENFORCEMENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	7,000
29 EDUCATED MEMBERS AND KEPT THEM INFORMED ABOUT EVENTS OF THE ASSOCIATION THROUGH AN ANNUAL CONVENTION, SPECIAL MEETINGS AND ASSOCIATION MAGAZINE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	13,779
30 PROVIDED DEATH BENEFITS TO FAMILIES OF FULL TIME LAW ENFORCEMENT OFFICERS WHO WERE MEMBERS OF THE ASSOCIATION (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	9,000
PROVIDE LAW ENFORCEMENT TRAINING TO MEMBERS OF THE ASSOCIATION (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		4,234

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
AL THIMMESCH 2614 LANDON WICHITA,KS 67205	SECRETARY- TREASURER 20 00	30,000	0	0
STEVE HOLMES PRATT POLICE DEPT - 303 S OAK ST PRATT,KS 67124	PRESIDENT & GOVERNOR AT LARGE 0 00	0	0	0
STEVE CULP KANSAS CPOST - 1999 N AMIDON 350 WICHITA,KS 67203	PRESIDENT-ELECT 0 00	0	0	0
KEITH RATHER KS DEPT OF WILDLIFE PARKS - BOX 777 CHANUTE,KS 66720	VICE PRESIDENT & GOVERNOR-DIS 0 00	0	0	0
LARRY THOMAS KANSAS BUREAU OF INVESTIGATION RETI TOPEKA,KS 66612	IMMEDIATE PAST PRESIDENT 0 00	0	0	0
HOWARD KAHLER MARION POLICE DEPT - 112 N FIFTH ST MARION,KS 66861	GOVERNOR AT LARGE 0 00	0	0	0
SAM BRESHEARS KANSAS CITY KS POLICE DEPT - 700 MI KANSAS CITY,KS 66101	GOVERNOR AT LARGE 0 00	0	0	0
CARL ALVANO JOHNSON COUNTY SHERIFFS OFFICE - 27 NEW CENTURY,KS 66031	GOVERNOR - DISTRICT 1 0 00	0	0	0
THOMAS MCGILLIN OLATHE POLICE DEPT - 501 E OLD 56 H OLATHE,KS 66061	GOVERNOR - DISTRICT 1 0 00	0	0	0
CHUCK MATTHEWS BNSF RAILROAD - 2341 ARGENTINE BLVD KANSAS CITY,KS 66106	GOVERNOR - DISTRICT 1 0 00	0	0	0
HERMAN JONES KANSAS HIGHWAY PATROL - 122 SW 7TH TOPEKA,KS 66603	GOVERNOR - DISTRICT 2 0 00	0	0	0
DON BURNS SHAWNEE COUNTY SHERIFFS DEPT - 320 TOPEKA,KS 66603	GOVERNOR - DISTRICT 2 0 00	0	0	0
MIKE HEFFRON EMPORIA POLICE DEPT - 518 MECHANIC EMPORIA,KS 66801	GOVERNOR - DISTRICT 2 0 00	0	0	0
DAVE SMITH ELLSWORTH POLICE DEPT - PO BOX 163 ELLSWORTH,KS 67439	GOVERNOR - DISTRICT 3 0 00	0	0	0
DENNIS GASSMAN KS HIGHWAY PATROL TRAINING ACADEMY SALINA,KS 67401	GOVERNOR - DISTRICT 3 0 00	0	0	0
CHUCK DUNN CLAY COUNTY SHERIFFS DEPT - PO BOX CLAY CENTER,KS 67432	GOVERNOR - DISTRICT 3 0 00	0	0	0
JIM BRAUN HAYS POLICE DEPT - 105 W 12TH HAYS,KS 67601	GOVERNOR - DISTRICT 4 0 00	0	0	0
DELBERT HAWEL KS BUREAU OF INVESTIGATION - 1620 S TOPEKA,KS 66612	GOVERNOR - DISTRICT 4 0 00	0	0	0
RICK SCHNEIDER TREGO COUNTY SHERIFFS DEPT - 525 WA WAKEENEY,KS 67672	GOVERNOR - DISTRICT 4 0 00	0	0	0
LARRY COLE KS HIGHWAY PATROL - 2222 E HIGHWAY GARDEN CITY,KS 67846	GOVERNOR - DISTRICT 5 0 00	0	0	0
JOHN ANDREWS FINNEY COUNTY SHERIFFS DEPT - 304 N GARDEN CITY,KS 67846	GOVERNOR - DISTRICT 5 0 00	0	0	0
MATT COLE HOLCOMB POLICE DEPT - PO BOX 69 HOLCOMB,KS 67851	GOVERNOR - DISTRICT 5 0 00	0	0	0
WARREN PETERSON BARTON COUNTY SHERIFFS DEPT - 1416 GREAT BEND,KS 67530	GOVERNOR - DISTRICT 6 0 00	0	0	0
VERNON RALSTON ST JOHN POLICE DEPT - 115 E 4TH ST ST JOHN,KS 67576	GOVERNOR - DISTRICT 6 0 00	0	0	0
STEVE BILLINGER KS HIGHWAY PATROL - 625 WASHINGTON GREAT BEND,KS 67530	GOVERNOR - DISTRICT 6 0 00	0	0	0
JIM DAILY NEWTON POLICE DEPT - 120 E 7TH NEWTON,KS 67114	GOVERNOR - DISTRICT 7 0 00	0	0	0
DAVID FALLETTI KS BUREAU OF INVESTIGATION - PO BOX WICHITA,KS 67201	GOVERNOR - DISTRICT 7 0 00	0	0	0
BILL MUELLER COWLEY COUNTY SHERIFFS DEPT - PO BO WINFIELD,KS 67156	GOVERNOR - DISTRICT 7 0 00	0	0	0
SANDY HORTON CRAWFORD COUNTY SHERIFFS DEPT - PO GIRARD,KS 66743	GOVERNOR - DISTRICT 8 0 00	0	0	0
STEVE BERRY CANEY POLICE DEPT - PO BOX 129 CANEY,KS 67333	GOVERNOR - DISTRICT 8 0 00	0	0	0

TY 2008 Other Changes in Net Assets Schedule

Name: Kansas Peace Officers Association co Al Thimmesch

EIN: 48-6112862

Description	Amount
UNREALIZED GAIN/LOSS ON INVESTMENTS	24,455

TY 2008 Other Expenses Schedule**Name:** Kansas Peace Officers Association co Al Thimmesch**EIN:** 48-6112862

Description	Amount
LEGISLATIVE EXPENSE	16,162
SCHOLARSHIPS	7,000
INVESTMENT ADVISORY FEES & BANK CHARGES	7,839
CONVENTION EXPENSES	7,412
SPECIAL MEETINGS	6,052
WEB & TELEPHONE	5,461
OFFICE EXPENSES	5,155
TRAINING EXPENSES	4,234
PAYROLL & MISC. TAXES	2,801
DONATIONS	1,000
MAGAZINE CHARGES	315

TY 2008 Other Revenues Schedule

Name: Kansas Peace Officers Association co Al Thimmesch

EIN: 48-6112862

Description	Amount
CONVENTION RECEIPTS	3,602
MISCELLANEOUS INCOME	4,927