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. Form .990 ·

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)

OMB No 1545-0047

2009

		f the Treasury nue Service	▶	The organization may have to use a copy of this return to satisfy state reporting r	requirements.	Inspection
				r tax year beginning , 2009, and ending		20
		applicable	Please	C Name of organization SANTA FE POLICE OFFICER ASSOCIATION	·	Employer identification no.
$\overline{}$		change	use IRS	Doing Business As		20-0851917
_	lame d	-	label or print or			Telephone number
	nstral re	-	type. See	PO BOX 15308		(505) 490-2445
$\overline{}$	emina		Specific	City or town, state or country, and ZIP + 4		Gross receipts
=		d return	Instruc- tions.	SANTA FE, NM 87592	[`	\$ 87,850
一		ion pending		and address of principal officer		\$ 07,030
_ ^	фрисал	ion pending	r Hante		(a) Is this a group retu affiliates?	m for Yes 🔯 No
	·02-020	mpt status	X =01(a) (3) ◀ (insert no)	(b) Are all affiliates inc	
		ripr status g	<u>201</u> 301(c) (if "No," attach a lis	t (see instructions)
	_	organization	Corporation	Trust ☐ Association ☒ Other ▶ NON-PROFIT L Year of formation 1986	(c) Group exemption r	
Pa		Summar		Indit Association 22 Other Non-Profit L Year of formation 1980	State of legal	domicie 1414
1 40	1			anization's mission or most significant activities: POLICE UNION AND	DEMERTTO	
	'	briefly descri	ine ine ori	anization's mission of most significant activities.	CILTANAG	
A C G						
c G t o						
i y V e	١,	Charlethia b	-	the arrange that discounting and the arrange to a second of the country of the co	not accets	
į ř	2			the organization discontinued its operations or disposed of more than 25% of its r	1 -	1 10
i a	3		•	bers of the governing body (Part VI, line 1a)	<u> </u>	10
e n	4			t voting members of the governing body (Part VI, line 1b)		0
e	5		•	/ees (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·	0
•	6			eers (estimate if necessary)	· · · · · · · · · · · · · · · · · · ·	
	7a	-		usiness revenue from Part VIII, column (C), line 12	7a	0
		Net unrelated	d busines:	taxable income from Form 990-T, line 34	7b	0
R	١.				Prior Year	Current Year
) e	8		_	ts (Part VIII, line 1h)	.	62,328
Ž,	9	•			0	
2 n 2 u 2 e	10		•	rt VIII, column (A), lines 3, 4, and 7d)		25,522
Z e	11		•	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,216	
<u> </u>	12		•	es 8 through 11 (must equal Part VIII, column (A), line 12)	67,216	87,850
_	13			ounts paid (Part IX, column (A), lines 1-3)		0
ΩE.	14			nembers (Part IX, column (A), line 4)		0
υ×	15	Salaries, oth	er compe	sation, employee penetics (Partilly Column (A) lines 5-10)		0
> e	16			g fees (Part IX column (A), line 118)		0
JI n s	1	Total fundrai	sing expe	nses (Part [X;2polumn (D), line 25) ▶ 万 687		
>: ⊃:	17	Other expens	ses (Part	X, column (A), lines 41 & 1 do 61 2 240	45,706	82,311
5	18	Total expens	ses Add	nes 13-17 (must equal Part IX, column (A), ime 25)	45,706	82,311
	19	Revenue les	s expens	s. Subtract line 18 இரிழ் இ	21,510	5,539
Net	-				ning of Current Year	End of Year
Asset: or	^s 20	Total assets	(Part X, II	ne 16)	21,510	17,350
Fund Bal-	21	Total liabilitie	s (Part X	line 26)		0
ances	22	Net assets o	r fund bal	unces. Subtract line 21 from line 20	21,510	17,350
Pa	rt II	Signatu	re Bloc	K		
				I declare that I have examined this return, including accompanying schedules and statements, and to the , and complete. Declaration of preparer (other than officer) is based on all information of which preparer h		
			1 100, 2010	, and complete becautain or preparer (order than once) is based on an information of which preparer in		
Sig	n			HIDALCO		8-12-10
Her	е	Signatur	re-of officer		Dat	e
		, TR	EASURE			
		Type or	print name a	nd title		- -
		Preparer's		Date Check if		ntifying number
D-1-		signature		laise t. Jobato Balle Check is self-	► ☐ (see instruction	ns)
Paid		.	ELO	SA E LOBATO 08-12-2010		
•	arer' Only			TAX EXPRESS SERVICES EIN	•	
Joe	~ III	Firm's name (if self-employe	ed),	1915 ROSINA ST		
		address, and	ZIP + 4		ne no ▶ 505-98	9-3466
May	the IF	RS discuss this	return wi	the preparer shown above? (see instructions)		🛚 Yes 🗌 No
				Reduction Act Notice, see the separate instructions.	EEA	Form 990 (2009)

	390 (2009) SANIA PE PONICE OFFICER ASSOCIATION 20-0051917 Fage 2
Pal	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	POLICE UNION AND BENEFITS
2	Did the organization undertake any significant program services during the year which were not listed on
	the 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 exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$46,794 including grants of \$) (Revenue \$46,794)
	BARGAINING FOR BETTERMENT OF WORK PLACE AND TRAINING FOR LAW ENFORCEMENT JOB DUTIES.
	TO TRAIN OFFICERS TO DEAL WITH JUVENILES AND CHILDREN.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(Order) (Function O
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4 -	Other war war (Breach as Other LLO)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 46,794

EEA

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	:		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	-		
•	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			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional			
12		13		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		71
þ	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			<u> </u>
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>		 -
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		Х

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Х 24b through 24d and complete Schedule K. If "No," go to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 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 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28ь Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 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 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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Form 990 (2009). SANTA FE POLICE OFFICER ASSOCIATION

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	1		İ
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Í
	Statements, filed for the calendar year ending with or within the year covered by this return	1		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			1
	instructions)	1		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1		l
	this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
þ	If "Yes," enter the name of the foreign country.			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			٠,
	organization solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	and services provided to the payor?	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D		├─-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?	/C		<u> </u>
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		х
	benefit contract?	7f		7
1	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 9_		<u> </u>
••	required?	7h		х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	f '	x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	Ī	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:		· · · · · · · · · · · · · · · · · · ·	ļ
а	Initiation fees and capital contributions included on Part VIII, line 12		I	
Ь	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			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a] __	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

tor a TNO	response to line 8a, 8b,	or 100 below, descri	be the circumstances,	processes, or changes in
Schedule	O. See instructions.			

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
Ь	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		Х
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 reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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 arrangement			
	with a taxable entity during the year?	16a		Х
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ BRYAN HIDALGO (505)690-8672			
	PO BOX 15308 SANTA FE, NM 87592			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(B) (C)						(O)	(E)	(F)	
Name and Title	Average	$\overline{}$			_	at apply)	_	Reportable compensation	Reportable	Estimated	
	hours per week	Itd nri dur ise vtc iet deo uor ao	n r s u t s i t	ce	Key employee	Hce I om gmp hp l ee o s n y t s e t e d	F or m e r	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JOSE VALENCIA											
PRESIDENT	20.00	<u> </u>		Х			_	0			
ALAN LOPEZ						1					
VICE-PRES.	20.00	<u> </u>	<u> </u>	X			<u> </u>	0			
LUIS CARLOS		1		_				_			
TREASURER	20.00	<u> </u>	ļ	Х				0			
Michael Dimas Secretary	20.00			X				0			
	1 20.00										
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		rs, Trustees, Key Empl	' 					•	· - · · · · · · · · · · · · · · · · · ·	·			
	(A)	(B)			(6	7)			(D)	Œ		(F)	
	Name and Title		Position of the control of the contr	l t n r s u t s ı t	O f f c e	All the	H c e l c m g m p l o m p l o s n y e s e t e d	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	coi oi a	Estimated imount of other impensated from the inganization and related ganization	of tion e on ed
			+	 	├			Н					
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•		18.											
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					ŀ								
Total			• • •	• •		•	• • •	•	0	0			0
Total nu	ımber of ındıviduals (including but	not limited to those listed	above) wh	o rec	eive	ed mor	e tha	an \$100,000 in		•		
reportat	ole compensation from the organi	zation >								0		1	T
Did the	organization list any former office	er director or tructoo kou	omplo	v00	or h	iaha	et com	non	eated			Yes	No
	ee on line 1a? If "Yes," complete:					_					. З	1	X
	individual listed on line 1a, is the											1	1
the orga	anization and related organization	s greater than \$150,000?	If "Yes	, " co	mple	ete S	Schedu	ıle J	for such			-	
	al				• •	• •					4	ļ	X
-	person listed on line 1a receive or person listed on line 1a receive or person listed in person list.	·	-				_				5	ŧ	x
	B. Independent Contracto		5 0 101 3	Sucii	per	3011	···	• •	<u> </u>	<u> </u>			1-0
_	te this table for your five highest		t contra	actor	s tha	at re	ceived	mor	e than \$100,000 o	Ť			
comper	sation from the organization.												
		(A)							(B)			(C)	
	Name and I	business address	-						Description of s	ervices	Comp	ensatio	<u>n</u>
									+-				
			-						-				
									· -				

Part VIII		Statement of Revenue	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
	1a	Federated campaigns 1a						
0	ь	Membership dues 1b	59,550					
Contri- butions,	С	Fundraising events 1c						
gifts,	d	Related organizations 1d						
grants	е	Government grants (contributions) 1e	1,528					
and other	f	All other contributions, gifts, grants,						
smilar		and similar amounts not included above	1,250					
amounts	g	Noncash contributions included in lines 1a-1f. \$						
	h	Total. Add lines 1a-1f	. 	62,328				
			Business Code					
	2a							
_	ь							
Program Service	С							
Revenue	d							
	e							
	f	All other program service revenue						
_	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest, a	and					
		other similar amounts)		25,522	25,522			
	4	Income from investment of tax-exempt bond proce	eeds▶				-	
	5	Royalties			-			
		(i) Real	(II) Personal					
	6a	Gross Rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Secunties	(ii) Other		11 111111			
		assets other than inventory						
	ь	Less: cost or other basis						
0		and sales expenses						
ť	С	Gain or (loss)						
h	l	Net gain or (loss)	▶	<i></i>				
r	8a	Gross income from fundraising						
		events (not including \$:			
e e		of contributions reported on line 1c).						
٧		See Part IV, line 18 a						
e n		Less direct expenses b						
ü	ı	` ,						
е	9a	Gross income from gaming activities.			:			
		See Part IV, line 19 a			:			
	l .	Less. direct expenses b						
	C	Net income or (loss) from gaming activities	· · · · · · • •				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Gross sales of inventory, less returns and allowances						
	b	Less cost of goods sold b						
	_ c	Net income or (loss) from sales of inventory						
	<u> </u>	Miscellaneous Revenue	Business Code					
	11a							
	Ь							
	C							
	1	All other revenue						
	1	Total. Add lines 11a-11d				<u></u>		
	12	Total revenue. See instructions	<u> ▶</u>	87,850	25,522	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	, 8b, 9b, and 10b of Part VIII.	TOILL EXPENSES	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				-
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
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				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees)	· · · ·			
а	Management				
Ь	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	7,572	7,572		
14	Information technology	.,,	7,575		
15	Royatties				
16	Occupancy				
17	Travel	794	794		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,642	3,642		
20	Interest	-,	1		
21	Payments to affiliates		1		•
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not	·· · · · · · · · · · · · · · · · · · ·	:		
_ •	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		:		
	5% of total expenses shown on line 25 below.)		1		
а	BARGAINING	19,953	19,953		
ь	LABOR COUNCIL	26,841	26,841	-	
c	MEMBER DUES	11,150	11,150		
d	MEMBER INS	3,301	3,301		
e	DONATIONS	8,021	8,021		
f	All other expenses	1,037	350		687
25	Total functional expenses. Add lines 1 through 24f	82,311	81,624	0	687
26	Joint Costs. Check here ▶ ☐ if following	02,311	01,024	<u> </u>	00/
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

m 990 (20	Balance Sheet		20-085191	.7 Page
erre 75	Building Officer	(A)	7 7	(B)
		Beginning of year		(B) End of year
1	Cash - non-interest-bearing	21,510	1	
2	<u> </u>	21,510	2	5,539
3	Savings and temporary cash investments		3	11,81
	Pledges and grants receivable, net	·	+	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		1 _ 1	
	Schedule L	······	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1 1	
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	21,510	16	17,35
17	Accounts payable and accrued expenses	· · · ·	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key		1	
	employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
+	Organizations that follow SFAS 117, check here ▶ □ and		1 -	
•	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
1 20	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
3	Organizations that do not follow SFAS 117, check here ▶ 🔯		23	
)	and complete lines 30 through 34.			
30	· •		20	
21	Capital stock or trust principal, or current funds		30	11,81
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	21,510	32	5,53
33	Total net assets or fund balances	21,510	33	17,35
34	Total liabilities and net assets/fund balances	21,510	34	17,35

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ➤ See separate instructions. OMB No 1545-0047 2009

Open to Public Inspection

real life	e OI THE	organization							приоуел		number		
		FE POLICE OFFI								851917			
Pa	rt I	Reason for	Public Charity	y Status (All organiza	tions must	complete	this part.) S	See instru	ctions.				
The	orgar	nization is not a privati	e foundation becau	se it is. (For lines 1 throu	igh 11, che	ck only on	e box.)						
1		A church, convention	of churches, or as	sociation of churches de	scribed in	section 17	70(b)(1)(A)	(i).					
2		A school described in	n section 170(b)(1)	XAXii). (Attach Schedule	e E.)								
3		A hospital or a coope	erative hospital serv	rice organization describ	ed ın secti	on 170(b)	(1)(A)(iii).						
4		A medical research of	organization operati	ed in conjunction with a h	nospital des	scribed in s	section 17	0(b)(1)(A)	(iii). Enter	the hospita	al's nam	e,	
		city, and state:											
5		An organization oper	ated for the benefit	of a college or university	owned or	operated l	oy a govern	nmental u	nit describe	ed in			
		section 170(b)(1)(A)		-		·							
6	\Box	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	ī			a substantial part of its su				or from th	e general r	oublic			
	_	described in section	-	·	- F	- 3			- J				
8	П			170(b)(1)(A)(vi). (Comp	lete Part II	.							
9	X			(1) more than 33 1/3% o			tributions. i	membersh	nip fees, an	nd gross			
	_			mpt functions - subject to					-	-			
		•		and unrelated business to			, ,						
				30, 1975. See section 5		•		w,	5405555	~			
10	П			exclusively to test for p	-	-	·	(4).					
11	П	•	•	exclusively for the bene	•				rry out the				
	_	•	•	rted organizations descri				•	•	ection			
				the type of supporting o									
		a Type i	b		• -		lly integrate			☐ Type I	III-Other		
е	П		• •	rganization is not control						,pc.	iii Ouloi		
·	ш			s and other than one or r	-				-	ection			
		509(a)(1) or section	_		nore public	ny support	cu organiza	ations dec	oribed iii 3	CCIIOII			
f				termination from the IRS	that it is a	Type I Ty	ne II or Tv	ne III suni	nortina				
•							pe ii, oi iy	pe iii supi	porting				
_		organization, check t		ation accepted any gift o			· · · · ·						• • ∟
9		=	oo, nas the organiza	ation accepted any gift o	CONTRIBUTE	on nom an	iy Oi u le						
		following persons? (i) A person who d	licaethi ar indireethi	controls, orthor along or	togothor w	th naraan	doorbod	l un (u)					Γ
			•	controls, either alone or	_	•		• •			44.5	Yes	No
				of the supported organiz							11g(i)	<u> </u>	
			•	ribed in (i) above?							11g(ii)	 	├──
L			-	n described in (i) or (ii) at							11g(iii)		
<u>h</u>				the supported organizati	T ' '	.			1			•	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	-	(v) Did yo the organi		organizati	ls the ion in col		Amount Support	OT
				above or IRC section	governing d	ocument?	col (i)		(i) organia				
				(see instructions))	V		 	oort?		S?	-		
		 	<u></u>		Yes	No	Yes	No	Yes	No	 		
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Page 3

20-0851917

Pa	Support Schedule for Org	-		ction 509(a)(2)		
50	(Complete only if you checked the ction A. Public Support	box on line 9 of Pai	π 1.)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,484	29,500	61,707	67,216	(e) 2009 62,327	264,234
2	- · · · · · · · · · · · · · · · · · · ·	43,404	29,300	01,707	07,210	02,327	201,231
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization'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	43,484	29,500	61,707	67,216	62,327	264,234
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		***************************************				264,234
	ction B. Total Support			т,	- 		
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	43,484	29,500	61,707	67,216	62,327	264,234
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37					37
	Sources	37					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			:			
c	Add lines 10a and 10b	37					37
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						264,271
14	First five years. If the Form 990 is for the orionganization, check this box and stop here		<u></u>	or fifth tax year as	a section 501(c)(3) 	▶ 🛚
	ction C. Computation of Public Su	''				45	
15	Public support percentage for 2009 (line 8, co					15	99.99 %
16 Se	Public support percentage from 2008 Scheduction D. Computation of Investme			<u></u>		16	%
17	Investment income percentage for 2009 (line			.mp. (f)\		17	0.01 %
18	Investment income percentage from 2008 Sc		•			18	9/
	13 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line						
	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the organization	and stop here. The zation did not check	e organization qualif a box on line 14 or	ies as a publicly si line 19a, and line	upported organizat 16 is more than 33	ion 3 1/3%, and	▶ 🏻
	line 18 is not more than 33 1/3%, check this t	oox and stop here.	The organization q	ualifies as a public	ly supported organ	nization	· · · · ▶ □
20	Private Foundation: If the organization did r	not check a box on I	line 14, 19a, or 19b	, check this box ar	nd see instructions		▶ ∐

Application for Extension of Time to File an **Exempt Organization Return**

Department of the Treasury

OMB No 1545-1709

Internal Revenue S	Service ► File a separate applic	ation for each return.	i i					
If you are file	ling for an Automatic 3-Month Extension, complete only Par	t I and check this box	▶ 🏻					
 If you are fil 	ling for an Additional (Not Automatic) 3–Month Extension, co	omplete only Part II (on page 2 of this form).						
•	ete Part II unless you have already been granted an automatio		68.					
	Automatic 3-Month Extension of Time. Only sub-							
A corporation i	required to file Form 990-T and requesting an automatic 6-month	extension - check this box and complete						
Part I only	· · · · · · · · · · · · · · · · · · ·		▶ 🗍					
•	rations (including 1120-C filers), partnerships, REMICs, and trus ome tax returns	its must use Form 7004 to request an extension of	of					
one of the retu electronically it retums, or a co	ing (e-file). Generally, you can electronically file Form 8868 if y ims noted below (6 months for a corporation required to file Form f (1) you want the additional (not automatic) 3-month extension of composite or consolidated Form 990-T. Instead, you must submit e details on the electronic filing of this form, visit www.irs.gov/efi	n 990-T) However, you cannot file Form 8868 or (2) you file Forms 990-BL, 6069, or 8870, group the fully completed and signed page 2 (Part II) of)					
Type or	Name of Exempt Organization	Employer	Employer identification number					
print	SANTA FE POLICE OFFICER ASSOCIATION		20-0851917					
File by the due date for filing your	Number, street, and room or suite no If a P O box, see instru	ctions.						
retum See	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
instructions	SANTA FE, NM 87592							
Check type of	f return to be filed (file a separate application for each return).							
X Form 990	Form 990-T (corporation)	☐ Form 472	Form 4720					
☐ Form 990-E	08(a) trust)	Form 5227						
☐ Form 990-E	Form 990-T (trust other than	above)	9					
Form 990-F	PF	☐ Form 887	0					
If the organ If this is for for the whole g a list with the r I reques until	ization does not have an office or place of business in the Unite a Group Return, enter the organization's four digit Group Exemproup, check this box	otion Number (GEN) . If this is eck this box ▶ ☐ and attach	▶ □					
	organization's return for:							
	calendar year 20 <u>09</u> or	and anding 00						
▶ <u> </u> t	ax year beginning, 20, ar	nd ending, 20	_ ·					
2 If this ta	2 If this tax year is for less than 12 months, check reason:							
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, ent	er the tentative tax,						
less any	nonrefundable credits. See instructions.	3a	\$					
b If this ap	oplication is for Form 990-PF or 990-T, enter any refundable cree	lits and estimated tax						
paymen	ts made Include any prior year overpayment allowed as a credi	t. 3t	\$					
	Due. Subtract line 3b from line 3a. Include your payment with t	T C						
deposit	with FTD coupon or, if required, by using EFTPS (Electronic Fe	- I						
). See instructions.	3c	: \$					
Caution. If you	u are going to make an electronic fund withdrawal with this Form	8868, see Form 8453-EO and Form 8879-EO						