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Return of Organization Exempt From Income Tax

2009

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

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	C Name of organization IRVING POLICE ASSOCIATION BENEFITS INC Number and street (or P O box if mail is not delivered to street addr) Room/suite PO BOX 170877 City, town or country State ZIP code + 4 IRVING TX 75017-0877	D Employer Identification Number 20-1163152
		E Telephone number (214) 317-9549
		G Gross receipts \$ 6,030.
		F Name and address of principal officer BRIAN SCHUTT 1350 MEYERS ROAD IRVING TX 75060
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of Formation 2004 M State of legal domicile TX		

Part I Summary

Expenses Activities & Governance Net Assets or Fund Balances	1	Briefly describe the organization's mission or most significant activities: RAISE FUNDS FOR CHARITABLE CAUSES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	3
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	50,400.	6,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270.	30.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,670.	6,030.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,754.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,193.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	49,461.	1,749.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	49,461.	9,503.	
19	Revenue less expenses. Subtract line 18 from line 12	1,209.	-3,473.	
20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
21	Total liabilities (Part X, line 26)	21,141.	17,668.	
22	Net assets or fund balances Subtract line 21 from line 20	21,141.	17,668.	

Part II Signature Block

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.

Sign Here
 Signature of officer: Brian Schutt Date: 5-9-2010
 Type or print name and title: Brian Schutt, Treasurer

Paid Preparer's Use Only

Preparer's signature: <u>William E Brown III</u>	Date: <u>05/05/10</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions):
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>WILLIAM E BROWN III, CPA</u> <u>100 DECKER COURT SUITE 160</u> <u>IRVING TX 75062</u>	EIN: <u></u>	Phone no: <u>(972) 432-9771</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0101 07/20/09 Form 990 (2009)

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