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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

**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 \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C</b></p> <p>Springfield Police Benevolent &amp; Protective Association - Unit #5 P. O. Box #1441 Springfield, IL 62705</p>	<p><b>D</b> Employer identification number 37-6035801</p> <p><b>E</b> Telephone number (217) 788-8345</p> <p><b>F</b> Group Exemption Number</p>
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• 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.pbpa5.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

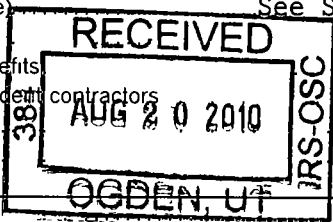
**J Tax-exempt status** (check only one) —  501(c) ( 5 ) (insert no)  4947(a)(1) or  527

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 253,249.

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		187,890.
	4 Investment income		1,683.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	<b>5c</b>	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	<b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	59,803.
	<b>6b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	41,977.
	<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	17,826.
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	3,873.
	<b>7b</b> Less cost of goods sold	<b>7b</b>	225.
	<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	3,648.
	8 Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	211,047.
	10 Grants and similar amounts paid (attach schedule) See Statement 1	<b>10</b>	30,010.
	11 Benefits paid to or for members	<b>11</b>	5,000.
	12 Salaries, other compensation, and employee benefits	<b>12</b>	28,988.
	13 Professional fees and other payments to independent contractors	<b>13</b>	86,495.
	14 Occupancy, rent, utilities, and maintenance	<b>14</b>	
	15 Printing, publications, postage, and shipping	<b>15</b>	524.
	16 Other expenses (describe ▶ See Statement 2)	<b>16</b>	28,257.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	179,274.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	31,773.
	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)	<b>19</b>	366,522.
	20 Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	398,295.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	356,917.	<b>22</b>	390,247.
23 Land and buildings		<b>23</b>	
24 Other assets (describe ▶ See Statement 3)	12,757.	<b>24</b>	11,258.
<b>25 Total assets</b>	369,674.	<b>25</b>	401,505.
26 Total liabilities (describe ▶ See Statement 4)	3,152.	<b>26</b>	3,210.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	366,522.	<b>27</b>	398,295.

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

Form 990-EZ (2009)

SCANNED SEP 17 2010

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>Labor negotiations &amp; representation.</b>	(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
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 ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/> <b>28 a</b>	
29 ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/> <b>29 a</b>	
30 ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/> <b>30 a</b>	
31 Other program services (attach schedule) (Grants \$ -----) If this amount includes foreign grants, check here <input type="checkbox"/> <b>31 a</b>	
32 <b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/> <b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs)				
(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 and deferred compensation	(e) Expense account and other allowances
William T. Taylor 3020 Springwood Springfield, IL 62712	Trustee 0	2,100.	0.	0.
Carl E. Crawford 2921 Summerwood Dr. Springfield, IL 62712	Trustee 0	1,925.	0.	0.
Timothy J. Ealey 319 Huntington Rd. Chatham, IL 62629	President & CEO 0	2,100.	0.	0.
Paula M. Morrow 1200 Juniper Place Chatham, IL 62629	Secretary 0	3,900.	0.	0.
Richard A. Von Behren 530 Centerwood Springfield, IL 62711	Trustee 0	2,100.	0.	0.
David K. Urbas 2905 Twin Lakes Dr. Springfield, IL 62702	Treasurer 0	1,300.	0.	0.
Richard J. Dhabalt 327 S. Douglas Ave. Springfield, IL 62704	Trustee 0	425.	0.	0.
Robert J. Davidsmeyer 940 1st Street Sherman, IL 62684	Past President 0	3,600.	0.	0.
Joshua A. Stuenkel 7203 Preston Dr. Springfield, IL 62711	Vice President 0	4,000.	0.	0.
Donald Edwards 161 N. Meadowbrook Rd. Springfield, IL 62711	President 0	4,400.	0.	0.
----- ----- -----				
----- ----- -----				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		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? 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 why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 instructions ▶ <b>37a</b>   0.		
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	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 outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	39 Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 990-EZ? If 'Yes,' complete Schedule L, Part I		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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	41 List the states with which a copy of this return is filed ▶ <u>IL</u>		

42a The organization's books are in care of ▶ Kelly Urbas Telephone no ▶ (217) 971-6421  
 Located at ▶ P.O.Box #1441, Springfield, IL ZIP + 4 ▶ 62705

		Yes	No
42b	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: ▶ _____		X
42c	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

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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 ▶  N/A  
 ▶ **43** | N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

**50** Complete this table for the organization's 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 and deferred compensation	(e) Expense account and other allowances

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

**51** Complete this table for the organization's 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

**d** 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: *Kelly Z...* Date: 08/16/2010

Type or print name and title: PREPARED

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 8/9/10 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Cameron, Smith & Company, PC  
2319 West Jefferson  
Springfield, IL 62702 EIN: N/A Phone no: 217-787-8822

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

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization **Springfield Police Benevolent & Protective Association - Unit #5** Employer identification number **37-6035801**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	Football Mania (event type)	Dinner Dance (event type)	(total number)	(Add col. (a) through col. (c))
1 Gross receipts	40,127.	16,785.		56,912.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	40,127.	16,785.		56,912.
DIRECT EXPENSES	4 Cash prizes	15,650.	6,698.	22,348.
	5 Noncash prizes			
	6 Rent/facility costs		475.	475.
	7 Food and beverages		7,098.	7,098.
	8 Entertainment		3,000.	3,000.
	9 Other direct expenses	5,640.	576.	6,216.
	10 Direct expense summary Add lines 4- through 9 in column (d)			
11 Net income summary. Combine lines 3, column (d) and line 10				17,775.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1, column (d) and line 7				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in	a The organization's facility		
	b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ -----			
Address ▶ -----			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____			
c If 'Yes,' enter name and address of the third party			
Name ▶ -----			
Address ▶ -----			
16 Gaming manager information			
Name ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____			



**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Youth Baseball Sponsor		
Donee's Name:	Fairview Youth Athletic Ass.		
	Springfield, IL		
Relationship of Donee:	None		
Cash Amount Given:		\$	225.
Class of Activity:	Infant Social Agency		
Donee's Name:	Mini O'Beirne Crisis Nursery		
Donee's Address:	1011 N. 7th Street		
	Springfield, IL		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	12 Days of Christmas		
Donee's Name:	Computer Banc		
Donee's Address:	1023 E. Washington		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Assist the Sick		
Donee's Name:	Cystic Fibrosis		
	Springfield, IL		
Cash Amount Given:		\$	200.
Class of Activity:	Books for Children		
Donee's Name:	Family Concepts Ltd		
	Springfield, IL		
Cash Amount Given:		\$	568.
Class of Activity:	Assist the Sick		
Donee's Name:	K of C Cooperative BBQ		
Donee's Address:	2200 Meadowbrook Rd		
	Springfield, IL		
Cash Amount Given:		\$	100.
Class of Activity:	Drunk Driving Awareness		
Donee's Name:	MADD		
Donee's Address:	2070 W. Monroe		
	Springfield, IL 62704		
Cash Amount Given:		\$	300.
Class of Activity:	Youth Recreation		
Donee's Name:	Pleasant Plains Junior Athletic Associa		
Donee's Address:	717 Clipper Rd.		
	Springfield, IL 62711		
Cash Amount Given:		\$	250.
Class of Activity:	Drug Awareness		
Donee's Name:	Lincoln Land DARE		
	Springfield, IL		
Cash Amount Given:		\$	250.

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Youth Recreation		
Donee's Name:	SYHA Springfield, IL		
Cash Amount Given:		\$	350.
Class of Activity:	Youth Recreation		
Donee's Name:	WJFL Springfield, IL		
Cash Amount Given:		\$	200.
Class of Activity:	Youth Recreation		
Donee's Name:	Junior Police Academy Springfield, IL		
Cash Amount Given:		\$	300.
Class of Activity:	Youth Recreation		
Donee's Name:	Prairie State Arsenal Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Youth Recreation		
Donee's Name:	SUSA Booster Club Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Youth Recreation		
Donee's Name:	PCASA Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Services to the Poor		
Donee's Name:	First Day Fund Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Improves Childrens Lives		
Donee's Name:	Cops, Kids & Christmas Springfield, IL		
Cash Amount Given:		\$	5,301.
Class of Activity:	Youth Recreation		
Donee's Name:	Police Lawyer Golf Challenge Springfield, IL		
Cash Amount Given:		\$	100.
Class of Activity:	Homeless Shelter		
Donee's Name:	Mommies Safe Haven		
Donee's Address:	St. James AME Church Springfield, IL 62703		
Cash Amount Given:		\$	300.

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Assist the Sick		
Donee's Name:	Lincoln Land Down Syndrome Society		
	Springfield, IL		
Cash Amount Given:		\$	200.
Class of Activity:	Improves children's lives		
Donee's Name:	Children's Advocacy Center of Illinois		
Cash Amount Given:		\$	250.
Class of Activity:	Improves children's lives		
Donee's Name:	Matt Langdon Memorial Golf Tourname		
	Eldred, IL 62027		
Cash Amount Given:		\$	100.
Class of Activity:	Improves children's lives		
Donee's Name:	Springfield Police Department		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Assist the Sick		
Donee's Name:	Believe in Yourself		
Donee's Address:	Enlow Family		
	Springfield, IL 62704		
Cash Amount Given:		\$	200.
Class of Activity:	Improves children's lives		
Donee's Name:	Lutheran Child and Family Services		
	Springfield, IL 62704		
Cash Amount Given:		\$	250.
Class of Activity:	Assist the Sick		
Donee's Name:	Children's Miracle Network		
	Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Improves children's lives		
Donee's Name:	Friends of Earl "Doc" Repath, Inc.		
Cash Amount Given:		\$	300.
Class of Activity:	Assist the Sick		
Donee's Name:	Miracles Do Happen		
Donee's Address:	Sydney Williams Family		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Assist the Sick		
Donee's Name:	FOP Lodge #95		
Donee's Address:	St. Jude		
	Springfield, IL		
Cash Amount Given:		\$	100.

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Art Education		
Donee's Name:	Hoogland Center for the Arts		
	Springfield, IL		
Cash Amount Given:		\$	600.
Class of Activity:	Assist the Sick		
Donee's Name:	Richard Chenney Fund		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Assist the Sick		
Donee's Name:	Gun N Hoses Hockey		
	Springfield, IL		
Cash Amount Given:		\$	250.
Class of Activity:	Disaster Relief		
Donee's Name:	American Red Cross		
Cash Amount Given:		\$	500.
Class of Activity:	Youth Activities		
Donee's Name:	Camp Sunshine		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Youth Activities		
Donee's Name:	Camp Care-A-Lot		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Homeless Shelter		
Donee's Name:	Inner City Mission		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	General Assistance		
Donee's Name:	Contact Ministries		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Food Assistance Provider		
Donee's Name:	St. John's Breadline		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Disaster Relief		
Donee's Name:	Jim Stapleton		
	Springfield, IL		
Cash Amount Given:		\$	500.
Class of Activity:	Medical Assistance		
Donee's Name:	Adam Carter Benefit Fund		
	Springfield, IL		
Cash Amount Given:		\$	250.

**Statement 1 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Scholarship		
Donee's Name:	LLC Foundation - Tapscott Scholarship		
	Springfield, IL		
Cash Amount Given:		\$	800.
Class of Activity:	Youth Activities		
Donee's Name:	Pleasant Plains High School Athletics		
	Pleasant Plains, IL		
Cash Amount Given:		\$	100.
Class of Activity:	Youth Activities		
Donee's Name:	Rochester High School		
	Rochester, IL		
Cash Amount Given:		\$	200.

Payments to Affiliates

Name:	PB & PA of Illinois		
Address:	300 W. Edwards		
	Springfield, IL 62704		
Purpose of payment:	Annual Dues		
Amount:		\$	10,716.
Payments to Affiliates	.	\$	10,716.

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

Advertising and Promotion	\$	367.
Conferences, Conventions, and Meetings		12,549.
Depreciation		1,274.
Easter Party for Kids		488.
Events for Members		5,549.
Family Picnic		1,978.
Insurance		60.
Kids Christmas Skating Party		1,789.
Office Expenses		2,899.
Telephone		1,304.
<b>Total</b>	<b>\$</b>	<b><u>28,257.</u></b>

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

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 9,570.	\$ 9,345.
Machinery and Equipment	3,187.	1,913.
<b>Total</b>	<b>\$ <u>12,757.</u></b>	<b>\$ <u>11,258.</u></b>

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

	<u>Beginning</u>	<u>Ending</u>
Credit Card Payable	\$ 2,470.	\$ 1,718.
Payroll Liabilities	682.	1,492.
Total	<u>\$ 3,152.</u>	<u>\$ 3,210.</u>

# 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
- 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	Name of Exempt Organization	Employer identification number
	Springfield Police Benevolent & Protective Association - Unit #5	37-6035801
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P. O. Box #1441	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Springfield, IL 62705	

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ► Kelly Urbas -----

Telephone No ► (217) 971-6421 ----- FAX No ► -----

- 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 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 09 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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	3a \$	0
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b 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	3b \$	0.
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c <b>Balance Due.</b> 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	3c \$	0.
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**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