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Short Form
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)

► 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

Open to Public
Inspection

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

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 Springfield Police Benevolent & Protective Association - Unit #5
P. O. Box #1441
Springfield, IL 62705

D Employer identification number

37-6035801

E Telephone number

(217) 788-8345

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.pbpa5.org

J Tax-exempt status (check only one) — 501(c) (5) ▶ (insert no) 4947(a)(1) or 527K 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	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 187,890.
4	Investment income	4 1,683.
5a	Gross amount from sale of assets other than inventory	5a
b	Less cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 59,803
b	Less direct expenses other than fundraising expenses	6b 41,977
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 17,826.
7a	Gross sales of inventory, less returns and allowances	7a 3,873.
b	Less cost of goods sold	7b 225.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 3,648.
8	Other revenue (describe ► _____)	8
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 211,047.
10	Grants and similar amounts paid (attach schedule)	10 30,010.
11	Benefits paid to or for members	11 5,000.
12	Salaries, other compensation, and employee benefits	12 28,988.
13	Professional fees and other payments to independent contractors	13 86,495.
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15 524.
16	Other expenses (describe ► See Statement 2	16 28,257.
17	Total expenses. Add lines 10 through 16	17 179,274.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 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)	19 366,522.
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year Combine lines 18 through 20	21 398,295.

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.	22 390,247.
23	Land and buildings		23
24	Other assets (describe ► See Statement 3)	12,757.	24 11,258.
25	Total assets	369,674.	25 401,505.
26	Total liabilities (describe ► See Statement 4)	3,152.	26 3,210.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	366,522.	27 398,295.

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

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <u>Labor negotiations & representation.</u>		
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"/> 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)	
	(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

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)
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(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.
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Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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

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?

b If 'Yes,' has it filed a tax return on **Form 990-T** 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

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?

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?

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

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A

b Section 501(c)(3) and 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

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

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► IL

	Yes	No
38b		N/A
39a		N/A
39b		N/A

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		X
42c		X

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 ► _____

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

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 ► _____

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** 43 ► N/A N/A

	Yes	No
44		X
45		X

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

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

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.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization 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?

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 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	Yes	No
46		
47		
48		
49a		
49b		

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'.

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	<p>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</p> <p>►  Signature or officer</p> <p>► <u>Kelly Zeller</u> Type or print name and title</p> <p style="text-align: right;">1 08/16/2010 Date</p>	
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Paid Pre- parer's Use Only	Preparer's signature ► 	Date <u>8/9/10</u>	Check if self- employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>N/A</u>
	Firm's name (or yours if self- employed), address, and ZIP + 4 ► <u>Cameron, Smith & Company, PC</u> ► <u>2319 West Jefferson</u> ► <u>Springfield, IL 62702</u>	EIN ► <u>N/A</u>	Phone no ► <u>217-787-8822</u>	

May the IRS discuss this return with the preparer shown above? See instructions.
BAA

► Yes No

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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.

2009

**Open to Public
Inspection**

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

Part II **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.

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

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 Football Mania (event type)	(b) Event #2 Dinner Dance (event type)	(c) Other Events (total number)	(d) Total Events (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)				39,137.
	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				

9 Enter the state(s) in which the organization operates gaming activities. _____

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a

11 Does the organization operate gaming activities with nonmembers?

11
12

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?

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	%	

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?

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 ► _____

Director/officer Employee 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?

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. ► \$ _____

15a		
17a		

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.	
Relationship of Donee:	Springfield, IL	
Cash Amount Given:	None	\$ 225.
Class of Activity:	Infant Social Agency	
Donee's Name:	Mini O'Beirne Crisis Nursery	
Donee's Address:	1011 N. 7th Street	
Relationship of Donee:	Springfield, IL	
Cash Amount Given:	None	\$ 500.
Class of Activity:	12 Days of Christmas	
Donee's Name:	Computer Banc	
Donee's Address:	1023 E. Washington	
Cash Amount Given:	Springfield, IL	\$ 500.
Class of Activity:	Assist the Sick	
Donee's Name:	Cystic Fibrosis	
Cash Amount Given:	Springfield, IL	\$ 200.
Class of Activity:	Books for Children	
Donee's Name:	Family Concepts Ltd	
Cash Amount Given:	Springfield, IL	\$ 568.
Class of Activity:	Assist the Sick	
Donee's Name:	K of C Cooperative BBQ	
Donee's Address:	2200 Meadowbrook Rd	
Cash Amount Given:	Springfield, IL	\$ 100.
Class of Activity:	Drunk Driving Awareness	
Donee's Name:	MADD	
Donee's Address:	2070 W. Monroe	
Cash Amount Given:	Springfield, IL 62704	\$ 300.
Class of Activity:	Youth Recreation	
Donee's Name:	Pleasant Plains Junior Athletic Associa	
Donee's Address:	717 Clipper Rd.	
Cash Amount Given:	Springfield, IL 62711	\$ 250.
Class of Activity:	Drug Awareness	
Donee's Name:	Lincoln Land DARE	
Cash Amount Given:	Springfield, IL	\$ 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 Tournament	
	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.
Total	\$ 28,257.

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.
Total	\$ 12,757.	\$ 11,258.

2009

Federal Statements
Springfield Police Benevolent &
Protective Association - Unit #5

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37-6035801

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	\$ 3,152.	\$ 3,210.

► 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 and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	<p>Name of Exempt Organization Springfield Police Benevolent & Protective Association - Unit #5</p> <p>Number, street, and room or suite number. If a P O box, see instructions P. O. Box #1441</p> <p>City, town or post office, state, and ZIP code. For a foreign address, see instructions Springfield, IL 62705</p>	Employer identification number 37-6035801
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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 990-BL	<input type="checkbox"/>	Form 990-T (section 401(a) or 408(a) trust)
<input checked="" type="checkbox"/>	Form 990-EZ	<input type="checkbox"/>	Form 990-T (trust other than above)
<input type="checkbox"/>	Form 990-PF	<input type="checkbox"/>	Form 1041-A

- Form 4720
- Form 5227
- Form 6069
- 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
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
c Balance Due. 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

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.

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

Form 8868 (Rev. 4-2009)