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DLN: 93492246010010

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations 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

		3 3 31 7 1 8 3	organization may have to use a copy of th	·		ements		
			r tax year beginning 01-01-2009	, and ending 12				
_		dross change Please ALASKA PEACE OFFICERS ASSOCIATION		Emplo	mployer identification number			
		use IRS 51-				51-0210787		
	Initial return PO BOX 240106			Teleph	Telephone number			
_	Terminated See				(907) 277-0515			
Γ_{A}	mended	Specific Instruc-			F		Exemption	
Γ_{A}	pplicatio	on pending tions.	ANCHORAGE, AK 99524			Numbe	er 📭	
→ Se	ection		ons and 4947(a)(1) nonexempt chari ompleted Schedule A (Form 990 or 99		G Accounting meth Other (specify) I		Cash Accrua	l
I W	ebsit e:	:► N/A					organization	
J Ta	x-Exer	mpt status (check only o	one)— 🔽 501(c) (6) ◀(insert no) 🗐 4947	'(a)(1) or 「 527	is not required Schedule B (Fo		o, 990-EZ, or 990)-PF)
K Cł	neck 🕨	If the organization	ıs not a section 509(a)(3) supporting o	organization and its				
			rm 990 return is not required, but if the			sure t	o file a complete r	eturn
_			determine gross receipts, if \$500,000 or more,			► \$	149,384	
Pa	art I		nses, and Changes in Net Asso	ets or Fund Bal	ances (See the ins	tructio		
	1	Contributions, gifts, g	grants, and similar amounts received				1 5	3,773
	2	Program service reve	enue including government fees and cor	ntracts			2	4,680
	3	Membership dues and	d assessments				3	
	4	Investment income					4	568
	 5a	Gross amount from sa	ale of assets other than inventory .		5a			
Φ	b	Less cost or other ba	asıs and sales expenses		5b			
11.	c		ale of assets other than inventory (Subt	tract line 5h from lin			5c	
Revenue	6	• •	ctivities (complete applicable parts of S		·	-	30	
	a							
	"	reported on line 1)	Terdamig \$\pi\$ _or contents attents		6-			
	١.	,		• •	6a			
	b	·	s other than fundraising expenses		6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		<u> </u>	6c	0			
	7a	Gross sales of invent	tory, less returns and allowances .		7a			
	Ь	Less cost of goods s	old		7b	0		
	c	Gross profit or (loss)	from sales of inventory (Subtract line 7	7 b from line 7 a)		.	7c	
	8	Other revenue (descr	ribe 🌬 🥌			_, [8 9	0,363
	9		nes 1, 2, 3, 4, 5c, 6c, 7c, and 8				9 14	9,384
	10	Grants and similar am	nounts paid (attach schedule)				10	
	11	Benefits paid to or for				⊢	11	
		·				—		2 100
	12	Salaries, other compensation, and employee benefits				-		2,100
<u>8</u>	13	Professional fees and other payments to independent contractors				•	13	965
Expenses	14	Occupancy, rent, utilities, and maintenance				·		7,050
Ē.	15	Printing, publications, postage, and shipping				L	15	6,590
	16	Other expenses (desc	cribe 🛌			_)	16 10	0,252
	17	Total expenses. Add I			•		17 14	6,957
<u></u>	18	Excess or (deficit) for	r the year (Subtract line 17 from line 9))		.	18	2,427
9. (3.	19		alances at beginning of year (from line 2		st agree with			
ą.			ported on prior year's return)	, , , , ,			19 13	8,090
Net.Assets			, , ,	· · · · · ·		⊢	-	
_	20		assets or fund balances (attach explai			⊢		4,739
	21		alances at end of year Combine lines 1					5,256
Рa	rt II	Balance Sheets	5— If Total assets on line 25, column (E	3) are \$1,250,000 o	or more, file Form 99	0 inste	ead of Form 990-E	<u>Z</u>
		(500 t	the instructions for Part II)		A) Beginning of year	Т	(B) End of year	
22	Cach	savings, and investm,	·	(*)	138,81	2 22	I	7 0 2 1
	,	,	ento		130,81	23	14	7,921
		and buildings		· · · ·		+		
		assets (describe 🟲 🍱	y	——————————————————————————————————————	160	_		11
		assets		· ·	138,98			7,932
26	Total	liabilities (describe	<u></u>)		0 26		2,676
27	Net a	ssets or fund halances	s (line 27 of column (B) must agree with	uline 21)	138 00	0 27	1 1 1	5 2 5 6

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses	
What is the organization's primary exempt p	(Required for section 501					
The primary exempt purpose of APOA is to	orrections and		3) and 501(c)(4)			
related fields, support of legislation resultin					anizations and section	
training and enhancement of interpersonal a	and interagency relationsh	ips among the agencies	of the justice		7 (a)(1) trusts,	
system				opti	onal for others)	
Describe what was achieved in carrying out						
describe the services provided, the number	of persons benefited, and	other relevant ınformat	ion for each			
program title						
28 JOURNALS - TO PROVIDE RELEVENT CONCERNED CITIZENS						
(Grants \$) If this	s amount includes foreign ç	rants, check here .	▶ ┌	28a		
29 CRIME CONFERENCE/CPE - TO PROM	OTE TRAINING AND CO	NTINUING EDUCATIO	N			
(Grants \$) If this	s amount includes foreign o	rants, check here .	▶ ┌	29a		
30 FIELD MANUAL - TO PROVIDE A POC	KET SIZE BOOKLET ON O	ODE DESCRIPTIONS	AND POLICY TO			
LAW ENFORMEMENT PERSONNEL AND I						
(Grants \$) If this	s amount includes foreign g	rants, check here .	▶ ┌	30a		
31 O ther program services (attach schedul	e)		<u> </u>			
	s amount includes foreign o	rants, check here	▶┌	31a		
32 Total program service expenses (add line	es 28a through 31a) .		▶	32		
Part IV List of Officers, Directors, Trus		List each one even if not co	mpensated (See the inst	truction	s for Part IV)	
	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense	
(a) Name and address	hours per week	(If not paid,	employee benefit pl			
(2) Italiio alia adaless	devoted to position	enter -0)	deferred compensa		other allowances	
	<u></u>					

Pa	Other Information (Note the statement requirements in the instructions 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	33		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
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?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а				
Ь	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, section 4912, section 4955			
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	40b		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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	40e		Νο
41	List the states with which a copy of this return is filed			
42a		• <u>(90</u>	7) 349-	8720
	PO BOX 240106 Located at MACHORAGE, AK ZIP + 4	99	524	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[V	NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No
	account)?	42D		Νο
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		Νο
	If "Yes," enter the name of the foreign country ▶			
	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο

Form 990-	EZ (2009)							Page 4
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonex	-			-	stions
46 Did t	he organization engage in direct	or indirect political cam	ipaign activities on be	ehalf of or in opp	osition to		Yes	No
cand	idates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did t	he organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	, Part II		47		
48 Is the	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a Did t	he organization make any transfe	ers to an exempt non-ch	narıtable related organ	nızatıon?		49a		
b If"Ye	es," was the related organization	a section 527 organiza	ition?			49b		
	olete this table for the organization							
	and address of each employee id more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	ion employee	tributions to benefit plans & compensation	ac	e) Expe count rallow	and
NONE								
of co	plete this table for the organization mpensation from the organization ame and address of each indepe	n If there is none, enter	"None"		each received r		an \$10 compen	
NONE		,	, , , , , , , , , , , , , , , , , , , ,	(=7-7)		<u> </u>		
51(d) Tot	al number of other independent c	ontractors each receiv	ing over \$100,000					
Please	Under penalties of perjury, I declare t and belief, it is true, correct, and com				on of which prepare			
Sign Here	Signature of officer JOSEPH YOUNG Executive Director Type or print name and title			Date				
Paid	Preparer's signature Marja Beltrami		self- (See		Preparer's identif		nber	
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	Associates PC		empolyed 🕨	EIN Þ			
-	Anchorage,				Phone no ► (9	07) 345-	9695	
M T.D.	S discuss this return with the pre				<u> </u>	Гу		No No

Software ID: Software Version:

EIN: 51-0210787

Name: ALASKA PEACE OFFICERS ASSOCIATION

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
THECLA LALONDE PO BOX 1168 WRANGELL,AK 99929	Pres-WRANGELL 200	0		
JOHN JANSEN PO BOX 870044 WASILLA,AK 99687	Pres-MATSU CHAP 2 00	0		
AJ CHARLTON PO BOX 5232 KETCHIKAN,AK 99901	Pres-FIRST CHPT 2 00	0		
MATT BETZEN PO BOX 370 UNALASKA,AK 99685	Pres-ALEUTIAN 200	0		
DAN FRERICH PO BOX 103474 ANCHORAGE,AK 99510	Pres-ANCHORAGE 200	0		
KIM WANNAMAKER PO BOX 1030 KENAI,AK 99611	Pres-KENAI 2 00	0		
DANIEL BOONE PO BOX 751 JUNEAU, AK 99802	Pres-CAPITAL 200	0		
JIM JANKE PO BOX 72064 FAIRBANKS,AK 99707	Pres-Far North 2 00	0		
LEO BRANDLEN PO BOX 240106 ANCHORAGE,AK 99524	Past President 2 00	0		
ANGELLA LONG PO BOX 870444 WASILLA,AK 99687	President 4 00	0		
JOHN LUCKING PO BOX 240106 ANCHORAGE,AK 995240106	Vice President 4 00	0		
JOSEPH YOUNG 3126 BETTLES BAY LOOP ANCHORAGE,AK 99518	BUSINESS MNGR 40 00	32,100		

TY 2009 Other Assets Schedule

Name: ALASKA PEACE OFFICERS ASSOCIATION

EIN: 51-0210787

Software ID: 09000047

Description	Beginning of Year Amount	End of Year Amount
Rounding	1	
Furniture and Fixtures	167	11

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TY 2009 Other Changes in Net Assets Schedule

Name: ALASKA PEACE OFFICERS ASSOCIATION

EIN: 51-0210787

Software ID: 09000047

Description	Amount
Net Unrealized Gains and Losses on Investments	4,739

TY 2009 Other Expenses Schedule

Name: ALASKA PEACE OFFICERS ASSOCIATION

EIN: 51-0210787

Software ID: 09000047

Description	Amount
Travel	3,889
Telephone	2,368
PROFESSIONAL DUES	255
PO BOX FEES	250
PHOTOCOPY	223
Office Expenses	851
NEWSLETTER EXPENSES	3,799
Moving Expenses	434
MISCELLANEOUS	20
MEMBERSHIPS	1,567
JOURNAL PRODUCTION	71,495
INSURANCE	475
FIELD MANUAL PRODUCTION	4,587
Depreciation	156
Credit card fees	217
Conferences, Conventions, and Meetings	6,986
COMPUTER	395
Charity	1,000
BANK FEES	113
AWARDS	674
ALARM	498

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TY 2009 Other Liabilities Schedule

Name: ALASKA PEACE OFFICERS ASSOCIATION

EIN: 51-0210787

Software ID: 09000047

	Description	Beginning of Year Amount	End of Year Amount
ĺ	Accounts Payable and Accrued Expenses	890	2,676

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TY 2009 Other Revenues Schedule

Name: ALASKA PEACE OFFICERS ASSOCIATION

EIN: 51-0210787

Software ID: 09000047

Description	Amount
MISC	773
JOURNAL Exclusion 512a1	89,590