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Form 990-EZ

OMB No 1545-1150

Department of the Treasury Internal Revenúe Service

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(bx13) 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

Benefit Ben	A			lendar year, or tax y	year beginning			and end	ing			
State Secretary Secreta	В	Check applica	able Please	C Name of organization	on					D Emp	loyer ide	entification number
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Website: N.N.A Jax-exempt status (check only one) X 501(c) (3) (meert no.) 4947(a)(1) or 527 required to attach Schedule Byen say status (and the organization is not a section 509(a)(3) supporting organization and its gross receipts if \$80000. A Form 990 £2 or		- 36	ינטווטוו טט וונטווט			irusis illust attac	n a com	pretea	l	_		A Casii Acciuai
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Check					V 501(a) (3) 4 (insert no	1047(2)	(1)					
Add lines 56, 65, and 70, to line 910 returns not required, but if the organization chooses to file a return, be sure to file a complete return.												
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	K	Спеск									nan \$25,	000. A Form 990-EZ or
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1 20,822.				id /b, to line 9 to deterr	mine gross receipts; if \$500,000 or	more, file Form	990 inst	ead of Form	1 990-EZ		<u> </u>	<u>80,327.</u>
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21 184,692. 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	set	19	Net assets o	r fund balances at begi	nning of year (from line 27, column	(A))					ĺ	
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21 184,692. 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	et	20	Other chang	es in net assets or fund	balances (attach explanation)						20	
Part II Balance Sheets. If Total assets on line 25, column (8) 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		21	Net assets o	r fund balances at end o	of year. Combine lines 18 through :	20				▶ [21	184,692.
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► MERCHANDISE INVENTORY 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 (4) Cash, savings, and investments 29 165, 472. 22 180, 920. 21 169, 672. 25 184, 692. 22 180, 920.	Pa	art II	Balanc	e Sheets. If Total a	assets on line 25, column (B) are \$	1,250,000 or mo	re, file F	orm 990 in:	stead of For	n 990-E	Z.	
22 Cash, savings, and investments 165,472.22 180,920. 23 Land and buildings 23 24 Other assets (describe ► MERCHANDISE INVENTORY) 4,200.24 3,772. 25 Total assets 169,672.25 184,692. 26 Total liabilities (describe ►) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 169,672.27 184,692.				(See the insti	ructions for Part II.)			(A) Be	ginning of y	rear		(B) End of year
23 Land and buildings 24 Other assets (describe ► MERCHANDISE INVENTORY) 4,200. 24 3,772. 25 Total assets	22	Cas	h, savings, ar	nd investments							22	180,920.
24 Other assets (describe ► MERCHANDISE INVENTORY) 4,200.24 3,772. 25 Total assets 169,672.25 184,692. 26 Total liabilities (describe ►) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 169,672.27 184,692.												
25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total assets 29 169,672.25 184,692. 169,672.27 184,692.				-	NDISE INVENTORY		1		4 2	00.		3.772
26 Total liabilities (describe ►) 0. 26 0. 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 169,672. 27 184,692.							<i>'</i>					
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 169,672.27 184,692.				describe -			1					
022171					column (B) must agree with line 21	1	····· ′		169 6			
	9321	71 8-10					uctions	·	-02,0	, 4 •		

FORM 990-EZ (2009) BENEVOLENT FUND			<u> 58-2515.</u>	113 Page
Part III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)	E	Expenses
What is the organization's primary exempt purpose? See Statemen	t 4			for section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	irposes In a clear and cond	cise manner, desc		(4) organizations and 147(a)(1) trusts, option
the services provided, the number of persons benefited, and other releva			for others	
28 ASSIST LAW ENFORCEMENT EMPLOYEES W	ITH FUNERAL EX	CPENSES.	1-1-	
	UTILITIES, ETC			
	<u> </u>			
(Grants \$) If this amount includes foreign	grants check here		28a	22,654
29 FLOWERS TO LAW ENFORCEMENT FAMILIES		יפפ/חשאשש	204	24,034
23 I HOWERD TO DAW HAT ORCHADAT TARTHER	O DOU TO THEIRE	DO/ DEATH		
				
(Grants \$) If this amount includes foreign				1 500
			29a	1,583
30 SCHOLARSHIPS TO CHILDREN OF OFFICE	7.5			
	·····			
			 _	
(Grants \$) If this amount includes foreign	grants, check here		30a	4,500
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	<u>28,737</u>
Part IV List of Officers, Directors, Trustees, and Key I	mployees. List each one ev	en if not compensated	(See the instructions	for Part IV)
	(b) Title and average hours	(a) Componentian	(d) Contributions	(a) Evenens
(a) Name and address	per week devoted to	(c) Compensation (if not paid, enter	to employee benefit plans &	(e) Expense account and
(-)	position	-0)	deferred	other allowances
			compensation	
MAJOR M. BAYREUTHER	CHAIRMAN			
PO BOX 602, LAWRENCEVILLE, GA 30046	8.00	0.	0.	. o
MAJOR JOHN STRICKLAND	VICE-CHAIRMAN			
PO BOX 602, LAWRENCEVILLE, GA 30046	8.00	0.	0.	0.
LT. C. LONG	TREASURER			<u> </u>
PO BOX 602, LAWRENCEVILLE, GA 30046	8.00	0.	0.	0.
MARIA NICHOLS	SECRETARY			1
PO BOX 602, LAWRENCEVILLE, GA 30046	8.00	0.	0.	0.
FO BOX 002, DAWKENCEVILLE, GA 30040	0.00		<u></u>	ļ <u>u</u> .
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Form 990-EZ (2009) BENEVOLENT FUND

Part V Other Information (Note the statem)

33 Dut the organization engage in any activity not previously reported to the IRSP If Yes, attach a detailed description of each activity. Were any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-1. Attach a statement explaining why the organization lines 2, 6s, and 7s (among others), but not reported on Form 990-1. The properties of Form		Other information (Note the statement requirements in the instructions for Part V)		Yes	No
34 Were any changes made to the organization of governing documents? If "Yes," attach a conformed copy of the changes of the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-1. 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 provy six requirements? b If "Yes," has it filed a tax return on Form 990-Tor this year? b If "Yes," has it filed a tax return on Form 990-Tor this year? b If "Yes," has it filed a tax return on Form 990-Tor this year? b Out the organization of 190-10 (and the year) b Out the organization of 190-10 (b) or this year? complete applicable parts of 5ch. N complete applicable parts of 5ch. N complete applicable parts of 5ch. N b If "Yes," complete Schedule I, Part II and enter the total amount involved s Petition of 190-10 (190-10) (19	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes." attach a detailed description of each activity	33		
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? bit 1 **ex** has a titled a tax return on Form 990-T for this year? bit 1 **ex** has titled a tax return on Form 990-T for this year? bit 1 **ex** has titled a tax return on Form 990-T for this year? complete applicable parts of Sch. N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions. bit of the organization form 1120-PCI for this year? 3b Old the organization for form 1120-PCI for this year? 3c Old the organization form 1120-PCI for this year? 3d Old the organization for form 1120-PCI for this year? 3f Old the organization form or, 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? bit 1 **ex** formalization form 1120-PCI for this year? 5d Old the organization form organization and the end of the period covered by this return? bit 1 **ex** formalization for the period organization organization and the organization organization organization organization for such as the such as					
reported on Form 990-T, attach a statement explaining why the organization during 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 fair return on Form 990-T for this year? b Off the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 36				7.	
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? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 73 a first amount of political expenditures, diversor indirect, as discribed in the instructions. 5 Did the organization of Fermi 1120-POL for the year? 8 Did the organization file Fermi 1120-POL for the year? 8 Did the organization file Fermi 1120-POL for the year? 8 Did the organization berrow 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 oinstanding at the end of the period covered by this return? 9 Section 501(c)(7) organizations. Enter: 10 Intrinsic in the period covered by this return? 10 Cross recepts, included on hine 9, for public use of club facilities. 11 Cross recepts, included on hine 9, for public use of club facilities. 12 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year unders: 13 Section 501(c)(3) and 501(c)(4) organizations by profermis 990 or 990-EZ7 if "Yes," complete Schedule L, Part I 14 Section 501(c)(3) and 501(c)(4) organizations prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I 15 Section 501(c)(3) and 501(c)(4) organizations prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I 16 Section 501(c)(3) and 501(c)(4) organizations filter amount of tax on line 40c reimbursed by the organization and prior year or is 11 are an authority organization. 16 All organizations. All any time during the tax year, was the organization and prior year, and that the transaction during the year unders sections 4912, 4955, and 4958 17 Section 501(c)(4) organizations and filting requirements for Form 101 organization was a party to a prohibited tax sheller transaction with the organization				`	
and provy tax requirements? If "Yes,' has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, something of the did a filed a flax return on Form 990-T for this year? 37a Enter amount of pointical expenditures, direct or indirect, as described in the instructions. Did the organization the Form 1120-POL for this year? 37b Ust the organization the Form 1120-POL for this year? 37c Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Form 1120-POL for this year? 37d Did the organization the Pol form 1120-POL for this year? 37d Did the organization the Pol form 1120-POL for this year? 37d Did the organization the Pol form 1120-POL for this year? 37d Did the organization the Pol form 1120-POL for this year. 37d Did the organization the Year organization the Pol form 1120-POL for this year. 37d Did the organization the Pol form 1120-POL for this year. 37d Did the organization the Pol form 1120-POL for this year. 37d Did the organization the Pol form 1120-POL for this year. 37d Did the organization the Pol form 1120-POL for this ye	a				
b If Yes, 'has it field a tax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution for the termation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 73 a finer amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a			35a		x
the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 7a a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a a D. J.	b		35b	N/	A
Telephone no. ► 17a	36		1		
b Did the organization file Form 1120-PQL for this year? 37b		complete applicable parts of Sch. N	36		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustes, 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? 38b N/A 39 Section 501(c)(7) organizations. Enter: a Intiation less and capital contributions included on line 9 39a N/A 39b N/A 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations bit the organization engage in any section 4956 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 organizations' prior Forms 990 or 990-EZP if Yes, complete Schedule L, Part I 40b X 40c 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 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 41c Is the states with which a copy of this return is tiled. ▶ GA 42a The organizations books are in care of ▶ LIEUTENANT C. LONG 42a The organization is books are in care of ▶ LIEUTENANT C. LONG 42b 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. ▶ 42c At any time during the calendar year, did the organization manitarian an office outside of the U.S.? 42c If Yes, enter the name of the foreign country. ▶ 43c 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 44b X 45c Section 4947(a)(1) nonexempt charitable trusts filing	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	.2.7.	~,F	L. 4.
n a priory year and shill 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 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 399 N/A 390 N/A 39	b	Did the organization file Form 1120-POL for this year?	37b		X
b If Yes, complete Schedule L, Part II and enter the total amount involved 38 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 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0 b Section 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction engage in any section 4955 excess benefit transaction than snot been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, Form 990 must be completed instead of Form 990-E2 is a liquid form of the organization in the foreign country: All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-1 List the states with which a copy of this return is filed. ▶ GA 2iP + 4 ▶ 30046 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ Section 4910 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			٠ .
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 ▶ 0_c; section 4912 ▶ 0_c; section 4915 ▶ 0_c Section 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0_c Section 501(c)(4) organizations. Did the organization with a disqualified person in a prior year, and that the 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-E72 If 'Yes,' complete Schedule L, Part I 40b X X Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 912, 4955, and 4958 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T Located at ▶ P.O. BOX 602, LAWRENCEVILLE, GA 2IP + 4 ▶ 30046 b Al 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; ▶ See the instructions for exceptions and filting requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts. 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; ▶ Section 4947(a)(1) nonexempt charitable trusts filting form 990-EZ in lieu of Form 1041 - Check hare and enter the amount of tax-exempt interest received or accrued during the tax year		in a prior year and still outstanding at the end of the period covered by this return?	38a		X
a Initiation less and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of cliub facilities 3 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 ▶ 0 . c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 If Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 If Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 If Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 If Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organization's prior Forms 990 or 990-E27 If Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organization's Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		' '	
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 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 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 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is filled. ▶ GA Telephone no. ▶ (404) 975-8132 Located at ▶ P.O. BOX 602, LAWRENCEVILLE, GA Telephone no. ▶ (404) 975-8132 Located at ▶ P.O. BOX 602, LAWRENCEVILLE, GA Telephone no. ▶ (404) 975-8132 List has a true and the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TO F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes, enter the name of the foreign country. ▶ See the instructions for exceptions and filling requirements for Form TO F Form 1041 - Check here and 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 name of the foreign country. ▶ 10 If the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ List any related organization a controlled entity of the organization within the meaning of section	39			-5.7	
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	a	Initiation fees and capital contributions included on line 9 39a N/A			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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 pror Forms 990 or 990-E27 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 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 List the states with which a copy of this return is filled. ▶ GA 42a The organization's books are in care of ▶ LIBUTENANT C. LONG Located at ▶ P.O. BOX 602, LAWRENCEVILLE, GA 2iP+4 ▶ 30046 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; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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; ▶ 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 444 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 inst	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	- 'xt'		
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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. ► GA 11 List the states with which a copy of this return is filed. ► GA 21 The organization's books are in care of ► LIEUTENANT C. LONG 10 Located at ► P.O. BOX 602, LAWRENCEVILLE, GA 21P+4 ► 30046 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: ► 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.? 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 Li Yes, "Form 990-EZ 10 the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 11 If yes, "Form 990-EZ 12 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	40 a			3-25	
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-E27 if 'Yes,' complete Schedule L, Part I C Section 50 I(c)(3) and 50 I(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D O O Section 50 I(c)(3) and 50 I(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T List the states with which a copy of this return is filed. Section 510 III Section 50 III Sectio					4
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X 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 X					
Form 990-EZ 44 X 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 X		<u>.</u>	ſ	Yes	No
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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 X			44		<u>X</u>
completed instead of Form 990-EZ	45		.:		
			45		X
			orm 99	90-EZ (2009)

Form 990-EZ (2009)

BENEVOLENT FUND

58-2515113

Page 4

Pa	organizations and section 4947(a)(1) nonexempt charitable and 51					
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition	to candidates for pub	lic	Ye	
	office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	nedule C, Part II		-	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s,* complete Schedule E			48	X
49 a	Did the organization make any transfers to an exempt non-charitable related	organization?		ļ	49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employed than \$100,000 of compensation from the organization. If there is none, ente		tors, trustees and key		·	l more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hor per week devoted to position	urs (c) Compensatio	(d) Contribution to employee benefit plans & deferred compensation	(e) Exp	t and
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		(b) Type of s		tion from th	
d	Total number of other independent contractors each receiving over \$100,000	0	<u> </u>			
Sıgn Here		companying schedules and state information of which preparer has	ments, and to the best of r any knowledge	ny knowledge and beli 04.08. Date		
	arer's Alle Caew	1	Check if self-	parer's identifying nui	nber (See insi	r)
Use (EIN	▶ 58-176	8352	2
	d self-employed), address, and ZIP+4 LAWRENCEVILLE, GA 3004			ne▶ 770-82		
May	the IRS discuss this return with the preparer shown above? See instructions		L	▶ [Yes	No
uy 1	and the disease this fetall that the property should about the			Fo	rm 990-EZ	

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

GWINNETT POLICE EMPLOYEE

Inspection Employer identification number

			LENT FUND						5	8-2515113
Part I			rity Status (All organ					structions	•	·
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box)			
1 🛄	A church, co	onvention of church	es, or association of chu	rches des	cribed in s	ection 17	0(b)(1)(A)((i).		
2 🖳	A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach S	chedule E)					
з 🗔	A hospital o	r a cooperative hosp	ital service organization	described	in section	n 170(b)(1)(A)(iii).			
4 🔲	A medical re	esearch organization	operated in conjunction	with a ho	spital desc	onbed in s	ection 17	0(b)(1)(A)(iii). Enter	the hospital's name,
	city, and sta	ite								
5 🔙	An organiza	tion operated for the	benefit of a college or u	iniversity o	wned or o	perated b	y a goverr	nmental ur	nt describ	oed in
	section 170	0(b)(1)(A)(iv). (Comp	lete Part II)							
6 🗀	A federal, st	ate, or local governm	nent or governmental un	it describe	d in section	on 170(b)((1)(A)(v).			
7 🗀	An organizat	tion that normally red	ceives a substantial part	of its supp	port from a	a governm	ental unit	or from the	e general	public described in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)						_	
8 🔲	A community	y trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 X	An organizat	tion that normally red	ceives (1) more than 33	1/3% of it	s support	from contr	ributions, r	nembersh	ip fees, a	nd gross receipts from
			nctions - subject to cert							= :
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	usinesses	acquired t	by the orga	anization	after June 30, 1975
	See section	509(a)(2). (Complete	e Part III.)							
10 🔲	An organizat	ion organized and o	perated exclusively to te	st for pub	lic safety	See sectio	on 509(a)(4).		
11 🔲	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perf	orm the fu	nctions of	, or to carr	y out the	purposes of one or
	more publicly	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(a	2) See se	ction 509((a)(3). Che	eck the box that
	describes th	e type of supporti <u>ng</u>	organization and compl	let <u>e lin</u> es 1	1e through	h 11h.				
	a Type	l b	Type II	с 🔙 Тур	e III - Fund	ctionally in	tegrated		d 🗔	Type III - Other
e 🔲	By checking	this box, I certify that	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified ;	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	nis box							. 🗀
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing per	sons?	
	(ı) A perso	n who directly or ind	lirectly controls, either al	lone or tog	jether with	persons o	described	ın (ıı) and (in) below,	Yes No
	the gov	erning body of the s	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).					
		T		т		· · · · · · · · · · · · · · · · · · ·		· ······	· · · · · · · · · · · · · · · ·	
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organization	the	(vii) Amount of
orga	anization		(described on lines 1-9		sted in your document?		ion in col.	(i) organiz U.S	ed in the	support
			above or IRC section	ļ		· · ·	,— 			
			(see instructions))	Yes	No	Yes	No	Yes	No	
			-	-				<u> </u>	-	
				 						
						<u> </u>				
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otal						-				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009						, Page 2
Part II Support Schedule for	_			(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
(Complete only if you chec	ked the box on line	5, 7, or 8 of Part I)				
Section A. Public Support		· · · · · · · · · · · · · · · · · · ·	,,			· <u>-</u> .
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 	t					
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					
4 Total. Add lines 1 through 3						
5 The portion of total contributions	-				l,	
by each person (other than a	, / / " #	, , , , , , ,	, ,	1 1,20	Ž,	
governmental unit or publicly	^ ~		1,31. 4	` ; · · ·		
supported organization) included			. ***. >, **.'			
on line 1 that exceeds 2% of the		P. (* * (*)		* * * * * * * * * * * * * * * * * * *	
amount shown on line 11,		Î . î . î	, ,	()		
column (f)			· · · · · · · · · · · · · · · · · · ·			
6 Public support. Subtract line 5 from line	4	<u> </u>	3 (, , %	* ` ` .	, , ,	
Section B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,					İ	
dividends, payments received on					i	
securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated busines						
activities, whether or not the	3					
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10)				- 1	· · · · · · · · · · · · · · · · · ·
12 Gross receipts from related activities		ons)			12	
13 First five years. If the Form 990 is t			d, fourth, or fifth ta	ıx year as a sectioi	1 501(c)(3)	

organization, check this box and stop here		
Section C. Computation of Public Support Percentage		
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is and stop here. The organization qualifies as a publicly supported organization 		▶□
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explainments the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization of 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16a, 16a, 16a, 16a, 16a, 16a, 16a	ain in Part IV how the org	ganization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly suppo	rted organization	the

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 BENEVOLENT FUND

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Cor

58-2515113 Page 3

Section A. Public Supp		20110113	Described III	Section 303(a)	(Complete only	r it you checked the b	ox on line 9 of Part I
Calendar year (or fiscal year beg		2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contribution		2000	(5) 2000	(0) 2001	(4) 2000	(6) 2003	(I) Total
membership fees received	1						
include any "unusual gran	2	,667.	22,112.	27,849.	28,843.	20 822	122,293.
•		,007.	22,112.	21,043.	20,043.	20,022.	144,293
2 Gross receipts from admis merchandise sold or servi formed, or facilities furnish any activity that is related organization's tax-exempt	ces per- ned in to the	,627.	4 <u>1</u> ,970.	56,047.	57,990.	56,023.	258,657.
3 Gross receipts from activity are not an unrelated trade iness under section 513							
4 Tax revenues levied for the ization's benefit and either or expended on its behalf	r paid to						
5 The value of services or fa furnished by a governmen the organization without c	tal unit to harge						
6 Total. Add lines 1 through	5 69	,294.	64,082.	83,896.	86,833.	76,845.	380,950.
7a Amounts included on lines	1, 2, and						
3 received from disqualifie	d persons					_	0.
b Amounts included on lines 2 and 3 from other than disqualified person exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that						0.
c Add lines 7a and 7b							0.
8 Public support (Subtract line 7c	from line 6)	1, 4,			19 Q B Q 1, 18,2	,	380,950.
Section B. Total Suppor					<u>-</u>	L E *	
Calendar year (or fiscal year beg		2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		,294.	64,082.	83,896.	86,833.	76,845.	380,950.
10a Gross income from interes dividends, payments recei securities loans, rents, roy	t, ved on altres						
and income from similar so		,312.	3,247.	5,096.	5,333.	3,482.	19,470.
b Unrelated business taxable inc	l l	1					
(less section 511 taxes) from	businesses						
acquired after June 30, 1975	ļ						
c Add lines 10a and 10b 11 Net income from unrelated activities not included in lir whether or not the busines regularly carned on	business ne 10b,	,312.	3,247.	5,096.	5,333.	3,482.	19,470.
12 Other income Do not inclu or loss from the sale of cap assets (Explain in Part IV)							
13 Total support (Add lines 9, 10c,	11, and 12) 71	606.	67,329.	88,992.	92,166.	80,327.	400,420.
14 First five years. If the Form			first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organiza	
check this box and stop he	-						▶□
Section C. Computation	of Public Supp	ort Per	centage				
15 Public support percentage				olumn (f))		15	95.14 %
16 Public support percentage	· ·		=			16	95.91 %
Section D. Computation					······································		
17 Investment income percen				13 column (f))		17	4.86 %
18 Investment income percen	-				, , , , , , , , , , , , , , , , , , ,	18	4.09 %
19a 33 1/3% support tests - 2	=			n line 14, and line '			
• •	-						r is not ▶X
more than 33 1/3%, check	•		_				
b 33 1/3% support tests - 2							
line 18 is not more than 33			-				
20 Private foundation. If the	organization did not	спеск а б	ox on line 14, 19a,	or 190, check this		edule A (Form 990	or 990-EZ) 2009

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2009

OMB No. 1545-0047

Open To Public Inspection

Name of the organization GI

GWINNETT POLICE EMPLOYEE

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

BENEVOLENT FUND 58-2515113 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name of individual to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

		le G (Form 990 or 990-EZ) 2009 BENEVC	LENT FUND			-2515113 Page 2
P	art	.1	-		IV, line 18, or reported	more than \$15,000
	1	on Form 990-EZ, line 6a List events with		,		T
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	RIDE FOR	None	(add col (a) through
			TOURNAMENT	INJURED COPS		col. (c))
Ō			(event type)	(event type)	(total number)	, , , ,
Revenue	1	Gross receipts	26,874.	5,864.		32,738.
_						
	2	Less: Charitable contributions			<u></u>	
	3	Gross income (line 1 minus line 2)	26,874.	5,864.		32,738.
	4	Cash prizes			<u></u>	
ω	5	Noncash prizes				
ıse	•					
ber	6	Rent/facility costs				
ă	١	Tions radiity doors				
Direct Expenses		Food and haverages]		
ă	7	Food and beverages				
		_				
	8	Entertainment	0 000	400		0.720
	9	Other direct expenses	8,222.	498.		8,720.
	10	,			>	(8,720)
_	11	Net income summary Combine line 3, column	n (d), and line 10			24,018.
Pa	art I	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or re	ported more than	
		\$15,000 on Form 990-EZ, line 6a				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Š			(a) Dirigo	bingo/progressive bingo	(b) out to guilling	col. (a) through col. (c))
Revenue						
α.	1	Gross revenue				
	2	Cash prizes				
ses	_	odon prizos			•	
Expenses	,	Noncash prizes				
Ä	3	Noncasti prizes				
Ħ		D 4% In contra]
Direc	4	Rent/facility costs				
	5	Other direct expenses				, ,
			Yes %	Yes %	Yes %	
	6	Volunteer labor .	L No	No L	No	* * * *
	7	Direct expense summary Add lines 2 through	5 in column (d)			<u>()</u>
	1					
	8	Net gaming income summary Combine line 1	, column (d), and line 7			
						Yes No
9	Ent	er the state(s) in which the organization operat	es gaming activities			
		he organization licensed to operate gaming ac		states?		9a
				statoo.		
D))	No," explain				
	_					1 3 1
						4., " , , , , , , , , , , , , , , , , , ,
		re any of the organization's gaming licenses re	vokea, suspended or te	rminated during the tax ye	ear?	10a
b	If "	Yes," explain:				
						\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11		es the organization operate gaming activities w				11
12	ls t	he organization a grantor, beneficiary or truste	e of a trust or a member	of a partnership or other of	entity formed to	
	adr	ninister charitable gaming?				12

Schedule G (Form 990 or 990 EZ) 2009 BENEVOLENT FUND 58 - 25	<u> 151.</u>		Page 3
		Yes	No
13 Indicate the percentage of gaming activity operated in	1	1	*
	<u>6</u>		
b An outside facility	6	- '	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	- 1		
Name	. ' '		
Address >	1.5.	1 44	1
	1: 15		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	+	
		1 .	1
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			'
of gaming revenue retained by the third party > \$	1,5		,
c If "Yes," enter name and address of the third party.	1		
			1. •
Name		, "I" (
Add.: N			· .
Address		2	
46. Coming was a second of complete as	1,000	5,1	
16 Gaming manager information:			, "
Nama 🏲			
Name	,"	-,-	
Gaming manager compensation ▶ \$			112
Garning manager compensation > 5		122	
Description of services provided		, ,	· ' ' `
			١.
	4.55		'
	1.4,7	1 -,-	
Director/officer Employee Independent contractor	7,74	2.5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		- ,	
17 Mandatory distributions.	8	,:.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	1	S	
retain the state gaming license?	17a		1
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 ▶ \$,		: ,

Schedule G (Form 990 or 990-EZ) 2009

Form 990-EZ	Other Expenses	Statement
Description		Amount
AWARDS DINNER MISC SUPPLIES		17,623 1,075
Total to Form 990-EZ, line	e 16	18,698

Form 990-EZ	Income and Cost of Goods Sold Included on Part I, Line 7a		Statement 2
Income			
Returns and allo		11,411	11 411
	2	9,152	11,411
	ne 3 less line 4)	9,152	2,259
Cost of Goods Sold			
 Merchandise purc Cost of labor Materials and su 	inning of year	4,432 8,666	
	ugh 10		13,098
	of year	3,946	9,152

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		St	ater	nent	3
directly or	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
B) Did the org	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. []	Yes	[X]	No

990-EZ Pg 2

Statement

4

TO PROVIDE MONETARY RELIEF FOR LAW ENFORCEMENT INDIVIDUALS