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Form **990-EZ**

Department of the Treasury
Internal Revenue 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(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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BERKELEY POLICE ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1700 SHATTUCK AVE

City or town, state or country, and ZIP + 4
BERKELEY, CA 94709

D Employer identification number
94-6104546

E Telephone number
(707) 688-3434

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: ▶ N/A

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

J Tax-Exempt status (check only one)— ☑ 501(c) (5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 317,833

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

Revenue	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	315,141
	4	Investment income		4	2,692
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	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 ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	0	
	b	Less direct expenses other than fundraising expenses	6b	0	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	317,833
Expenses	10	Grants and similar amounts paid (attach schedule)		10	6,039
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	63,414
	14	Occupancy, rent, utilities, and maintenance		14	10,800
	15	Printing, publications, postage, and shipping		15	320
	16	Other expenses (describe ▶)		16	180,781
	17	**Total expenses.** Add lines 10 through 16 ▶		17	261,354
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	56,479
	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	133,764
	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	190,243

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	133,764	22	190,243
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	133,764	25	190,243
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	133,764	27	190,243

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO PROVIDE FOR THE COMMON WELFARE OF MEMBERS

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, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**		
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**		

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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

Part V 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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		
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	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ TREASURER Telephone no ▶ (800) 259-3372

Located at ▶ 1700 SHATTUCK AVE BERKELEY, CA ZIP + 4 ▶ 94709

			Yes	No
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)?	42b		No
	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		No
	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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
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 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 key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-10-21 — Date

DARRIN RAFFERTY Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TIMOTHY E KELLYESQ	Date	Check if self-empolyed ▶ ☑	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Tim Kelly & Associates 7801 N Pershing Road Stockton, CA 952071749			EIN ▶ Phone no ▶ (800) 259-3372

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

Additional Data

Software ID:
Software Version:
EIN: 94-6104546
Name: BERKELEY POLICE ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	**Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)**	
28 To provide, both directly and through insurance, legal protection and disability protection for members acting within the course and scope pof their duties as public employees (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 To receive, hold, and disburse gifts, bequests, device, and other funds for these purposes This will consist of fundraising events, such as an annual charity basketball game, both to benefit the organization and to disburse charitable contributions to community groups, such as the Special Olympics (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 To provide for the social and recreational needs of the membership and to build and maintain group and individual strength and harmony This activity will take the form of organized social functions (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
To provide representation for the membership in matters related to conditions of their employment including but not necessarily limited to employee grievances, wages, hours, working conditions and programs designed to improve the general welfare of the members (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		

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**
ED SPILLER 1700 SHATTUCK AVE BERKELEY,CA 94709	Treasurer 1 00	0		
KEVIN SCHOFIELD 1700 SHATTUCK AVE BERKELEY,CA 94709	Director 1 00	0		
CYNTHIA HARRIS 1700 SHATTUCK AVE BERKELEY,CA 94709	Director 1 00	0		
CASMIRO PIERANTONI 1700 SHATTUCK AVE BERKELEY,CA 94709	Director 1 00	0		
TIM KAPLAN 1700 SHATTUCK AVE BERKELEY,CA 94709	Vice President 5 00	0		
MARTY HEIST 1700 SHATTUCK AVE BERKELEY,CA 94709	Director 1 00	0		
DARRIN RAFFERTY 1700 SHATTUCK AVE BERKELEY,CA 94709	Secretary 5 00	0		
HENRY WELLINGTON 1700 SHATTUCK AVE BERKELEY,CA 94709	President 20 00	0		
RANDOLPH FILES 1700 SHATTUCK AVE BERKELEY,CA 95709	Director 1 00	0		
KEVIN A REECE 1700 SHATTUCK AVE BERKELEY,CA 94709	Director 1 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: BERKELEY POLICE ASSOCIATION
EIN: 94-6104546
Software ID: 09000047
Software Version: 2009v1.3

Item No.	1
Class of Activity	FUNDRAISER
Donee's Name	PACIFIC RACING ASSOCIATION
Donee's Address	1100 Eastshore Highway BERKELEY, CA 94710
Amount (FMV)	44
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CHARITY
Donee's Name	BERKELEY CHAMBER OF COMMERCE
Donee's Address	1834 University Avenue BERKELEY, CA 94703
Amount (FMV)	160
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	RELIEF GRANT
Donee's Name	RASHAWN CUMMINGS
Donee's Address	1700 SHATTUCK AVE BERKELEY, CA 94709
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	MEMBER
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	NON-EXEMPT TRUST
Donee's Name	CHRISTOPHER RODRIGUEZ FOUNDATION
Donee's Address	C/O WELLS FARGO BANK OAKLAND, CA 94612
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	SCHOLARSHIP FUND
Donee's Name	JOHN MONEGO MEMORIAL SCHOLARSHIP FUND
Donee's Address	2420 SAN CREEK RD STE C-1 BRENTWOOD, CA 94513
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	LABOR UNION
Donee's Name	VPOA BANKRUPTCY FUND
Donee's Address	310 WALLACE DRIVE VALLEJO, CA 94590
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	NON-EXEMPT TRUST
Donee's Name	CHILDREN OF CRAIG WILSON TRUST
Donee's Address	C/O BANK OF THE WEST OAKLEY, CA 94561
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	DONATIONS
Donee's Name	AIDS MARATHON
Donee's Address	995 MARKET ST 200 SAN FRANCISCO, CA 94103
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	DONATIONS
Donee's Name	3M TRACK CKUB
Donee's Address	OAKLAND TECH HIGH SCHOOL OAKLAND, CA 94623
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	DONATIONS
Donee's Name	FAMILY VIOLENCE LAW CTR
Donee's Address	PO BOX 22009 OAKLAND, CA 94623
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	DONATIONS
Donee's Name	OFC BRIAN TUVERA TRUST FUND
Donee's Address	C/O SFPD SAN FRANCISCO, CA 91101
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	DONATIONS
Donee's Name	DEP JEFF MITCHELL TRUST FUND
Donee's Address	C/O SACRAMENTO SHERIFF DEPT SACRAMENTO, CA 95812
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	DONATIONS
Donee's Name	OFC NICK BIRCO TRUST FUND
Donee's Address	C/O SFPD SAN FRANCISCO, CA 91101
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	DONATIONS
Donee's Name	YOUTH EMERG HOUSINGYEAH
Donee's Address	1744 UNIVERSITY BERKELEY, CA 94703
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	DONATIONS
Donee's Name	CHP 11-99 FOUNDATION
Donee's Address	2244 N STATE COLLEGE BD FULLERTON, CA 92831
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	DONATIONS
Donee's Name	LASHAWN NOLAN
Donee's Address	CITY OF BERKELEY BERKELEY, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	DONATIONS
Donee's Name	NORTHERN CALIFORNIA ROBBERY IN
Donee's Address	PO BOX 233 APTOS, CA 95001
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	PRIVATE TRUST FUND
Donee's Name	ISAAC ESPINOZA TRUST FUND
Donee's Address	C/O SF POLICE DEPT SF CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	CITY GOVERNMENT
Donee's Name	DONALD MCCULLUM YOUTH COURT
Donee's Address	C/O CITY OF BERKELEY BERKELEY CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	CITY GOVERNMENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	PUBLIC CHARITY
Donee's Name	BAY AREA OUTREACH & REC PROGRM
Donee's Address	830 BANCROFT WAY STE205 BERKELEY CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	CRIME REWARD FOR CITIZENS
Donee's Name	CRIMINAL REWARD FUNDS
Donee's Address	C/O BERKELEY POLICE DEPT BERKELEY CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	CITY GOVERNMENT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	DONATIONS
Donee's Name	MISC DONEES 300 AND UNDER
Donee's Address	VARIOUS VARIOUS, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	DONATION
Donee's Name	CAZADERO PERFORMING ARTS
Donee's Address	PO BOX 7908 BERKELEY CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	DONATION
Donee's Name	BERKELEY BLACK POA
Donee's Address	C/O BERKELEY POLICE DEPT BERKELEYCA, CA 94707
Amount (FMV)	450
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	DONATION
Donee's Name	N CAL ASIAN PEACE OFFICERS
Donee's Address	PO BOX 144 SAN BRUNO CA, CA 94066
Amount (FMV)	635
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	DONATION
Donee's Name	PORAC FLEET WEEK
Donee's Address	C/O PORAC SACRAMENTO CA, CA 95812
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	DONATION
Donee's Name	AIDS CYCLE RIDE POLICE UNITY TOUR
Donee's Address	995 MARKET ST 200 SF CA, CA 94103
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	DONATION
Donee's Name	BERKELEY BOOSTERS ASSOCIATION
Donee's Address	PO BOX 17 BERKELEY CA, CA 94707
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	DONATION
Donee's Name	OAKLAND POLICE OFFICERS ASSOC
Donee's Address	C/O OAKLAND POLICE DEPT-SEUIS OAKLAND CA, CA 95156
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	PUBLIC CHARITY
Donee's Name	SPECIAL OLYMPICS OF N CA
Donee's Address	3480 Buskırk Ave 340 FAIRFIELD CA, CA 94553
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	DONATION
Donee's Name	BERKELEY HIGH SCHOOL
Donee's Address	2235 CALIFORNIA ST 1 BERKELEY CA, CA 95703
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Expenses Schedule

Name: BERKELEY POLICE ASSOCIATION
EIN: 94-6104546
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
WEIGHT ROOM EXPENSES	2,590
Travel	11,877
TAX EXPENSES	1,868
SHOE REPAIR	223
RETIREMENTS	567
RETIREMENT BADGES	2,616
REFRESHMENTS	285
PREPAID LEGAL INSURANCE	13,373
PORAC DUES	15,304
OFFICER HOLIDAY MEALS	827
OFFICE EXPENSES	1,663
Office Expenses	1,438
NORTHERN LIFE	500
MYERS STEVENS INS	44,581
MISCELLANEOUS	3,161
MEETINGS EXPENSES	1,633
FUNERAL EXPENSE	1,456
BENEFITS COMMUNICATIONS NETWOR	6,441
BARRICADED SUBJECT HOSTAGE NT	2,050
AWARDS	148
AFLAC	68,180