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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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 SEP 1, 2009 and ending AUG 31, 2010

|  |  |   |
|--|--|---|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>KANSAS PEACE OFFICERS ASSOCIATION<br/>C/O AL THIMMESCH</b><br>Number and street (or P.O. box, if mail is not delivered to street address)<br><b>2614 LANDON</b><br>City or town, state or country, and ZIP + 4<br><b>WICHITA, KS 67205-2038</b> | D Employer identification number<br><b>48-6112862</b> |
|  |  | E Telephone number<br><b>316-722-8433</b>             |
|  |  | 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.KPOA.ORG

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

J Tax-exempt status (check only one) - ☒ 501(c) ( 4 ) (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 \$ 328,264.

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

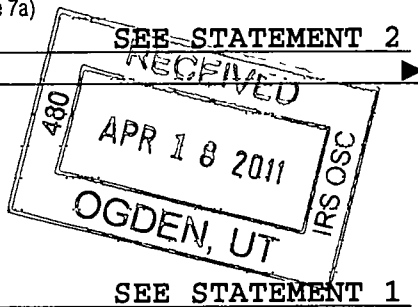
|    |   |    |          |
|----|---|----|----------|
| 1  | Contributions, gifts, grants, and similar amounts received  | 1  | 43,020.  |
| 2  | Program service revenue including government fees and contracts   | 2  |          |
| 3  | Membership dues and assessments   | 3  | 52,560.  |
| 4  | Investment income   | 4  | 8,688.   |
| 5a | Gross amount from sale of assets other than inventory   | 5a | 216,448. |
| b  | Less: cost or other basis and sales expenses  | 5b | 212,149. |
| c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | 5c | 4,299.   |
| 6  | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>          |    |          |
| a  | Gross revenue (not including \$ _____ of contributions reported on line 1)  | 6a |          |
| b  | Less: direct expenses other than fundraising expenses   | 6b |          |
| c  | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   | 6c |          |
| 7a | Gross sales of inventory, less returns and allowances   | 7a |          |
| b  | Less: cost of goods sold  | 7b |          |
| c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | 7c |          |
| 8  | Other revenue (describe) _____  | 8  | 7,548.   |
| 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  | 9  | 116,115. |
| 10 | Grants and similar amounts paid (attach schedule)   | 10 |          |
| 11 | Benefits paid to or for members   | 11 | 11,000.  |
| 12 | Salaries, other compensation, and employee benefits   | 12 | 29,750.  |
| 13 | Professional fees and other payments to independent contractors   | 13 | 5,105.   |
| 14 | Occupancy, rent, utilities, and maintenance   | 14 | 4,800.   |
| 15 | Printing, publications, postage, and shipping   | 15 | 3,862.   |
| 16 | Other expenses (describe) _____   | 16 | 66,773.  |
| 17 | Total expenses. Add lines 10 through 16   | 17 | 121,290. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18 | -5,175.  |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A))<br>(must agree with end-of-year figure reported on prior year's return) | 19 | 362,386. |
| 20 | Other changes in net assets or fund balances (attach explanation)   | 20 | 17,793.  |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20   | 21 | 375,004. |

## 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  | 362,386.              | 375,004.        |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe) _____ )   |                       |                 |
| 25 Total assets  | 362,386.              | 375,004.        |
| 26 Total liabilities (describe) _____ )  | 0.                    | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 362,386.              | 375,004.        |

SCANNED MAY 03 2011 Revenue



## Form 990-EZ (2009)

48-6112862

Page 2

## Expenses

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

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

[illegible]

**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  | X   |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  | 34  | X   |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  |     |     |
| 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 | X   |
| b If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b | N/A |
| 36 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   | 36  | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.   | 37a |     |
| b Did the organization file Form 1120-POL for this year?   | 37b | X   |
| 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 | X   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b | N/A |
| 39 Section 501(c)(7) organizations. Enter:   | 39a | N/A |
| a Initiation fees and capital contributions included on line 9   | 39b | 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 ▶ 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 | 40b | X   |
| 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   | 40e | X   |
| 41 List the states with which a copy of this return is filed. ▶ NONE   |     |     |
| 42a The organization's books are in care of ▶ AL THIMMESCH Telephone no. ▶ 316-722-8433  |     |     |
| Located at ▶ 2614 LANDON, WICHITA, KS ZIP + 4 ▶ 67205-2038   |     |     |
| 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 | X   |
| 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 | X   |
| 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 N/A  |     |     |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 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   |

**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 key 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 |     |    |

| (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 |
|--|--|------------------|---|--|
| N/A  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

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."

N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

Sign Here

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

Signature of officer: AL THIMMESCH Date: 4-5-11

Type or print name and title: AL THIMMESCH, SECRETARY / TREASURER

Paid Preparer's Use Only

Preparer's signature: JAMES D. COOPER, CPA Date: 03/28/11 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: KIRKPATRICK, SPRECKER & CO., LLP  
311 S. HILLSIDE  
WICHITA, KS 67211-2130

Preparer's identifying number (See instr.): EIN  
Phone no. (316) 685-1411

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

☒ Yes ☐ No

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------|----------------|-----------|---|
|-------------|----------------|-----------|---|

| DESCRIPTION                             | AMOUNT  |
|---|---------|
| LEGISLATIVE EXPENSE                     | 13,825. |
| SCHOLARSHIPS                            | 14,000. |
| INVESTMENT ADVISORY FEES & BANK CHARGES | 6,289.  |
| CONVENTION EXPENSE                      | 5,546.  |
| SPECIAL MEETINGS                        | 4,473.  |
| WEB & TELEPHONE                         | 5,882.  |
| OFFICE EXPENSE                          | 5,592.  |
| TRAINING EXPENSES                       | 4,114.  |
| PAYROLL TAXES                           | 2,417.  |
| DONATIONS                               | 1,500.  |
| MAGAZINE CHARGES                        | 3,005.  |
| REFUNDS                                 | 130.    |
| TOTAL TO FORM 990-EZ, LINE 16           | 66,773. |

| FORM 990-EZ | OTHER REVENUE | STATEMENT | 2 |
|-------------|---------------|-----------|---|
|-------------|---------------|-----------|---|

| DESCRIPTION                  | AMOUNT |
|------------------------------|--------|
| CONVENTION RECEIPTS          | 2,865. |
| MISCELLANEOUS INCOME         | 4,683. |
| TOTAL TO FORM 990-EZ, LINE 8 | 7,548. |

| FORM 990-EZ | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | STATEMENT | 3 |
|-------------|---|-----------|---|
|-------------|---|-----------|---|

| DESCRIPTION                      | GROSS<br>SALES PRICE | COST OR<br>OTHER BASIS | EXPENSE<br>OF SALE | NET GAIN<br>OR (LOSS) |
|----------------------------------|----------------------|------------------------|--------------------|-----------------------|
| VARIOUS INVESTMENT<br>SECURITIES | 216,448.             | 212,149.               | 0.                 | 4,299.                |
| TO FORM 990-EZ, LINE 5           | 216,448.             | 212,149.               | 0.                 | 4,299.                |

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|             |  |           |   |
|-------------|--|-----------|---|
| FORM 990-EZ | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 4 |
|-------------|--|-----------|---|

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DESCRIPTION

## AMOUNT

UNREALIZED GAIN ON INVESTMENTS

17,793.

TOTAL TO FORM 990-EZ, LINE 20

17,793.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK         | COMPEN-<br>SATION    | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---|----------------------------------|----------------------|------------------------------|--------------------|
| AL THIMMESCH<br>2614 LANDON, WICHITA, KS 67205                              | SECRETARY-<br>20.00              | TREASURER<br>29,750. | 0.                           | 0.                 |
| STEVE HOLMES, PRATT POLICE DEPT -<br>303 S. OAK ST, PRATT, KS 67124         | PRESIDENT &<br>0.00              | GOVERNOR AT LA<br>0. | 0.                           | 0.                 |
| STEVE CULP, KANSAS CPOST - 1999 N.<br>AMIDON #350, WICHITA, KS 67203        | PRESIDENT-ELECT<br>0.00          | 0.                   | 0.                           | 0.                 |
| KEITH RATHER, KS DEPT OF WILDLIFE &<br>PARKS - BOX 777, CHANUTE, KS 66720   | VICE PRESIDENT &<br>0.00         | GOVERNOR-<br>0.      | 0.                           | 0.                 |
| LARRY THOMAS, KANSAS BUREAU OF<br>INVESTIGATION (RETIR, TOPEKA, KS          | IMMEDIATE PAST PRESIDENT<br>0.00 | 0.                   | 0.                           | 0.                 |
| HOWARD KAHLER, MARION POLICE DEPT -<br>112 N. FIFTH ST, MARION, KS 66861    | GOVERNOR AT LARGE<br>0.00        | 0.                   | 0.                           | 0.                 |
| SAM BRESHEARS, KANSAS CITY, KS<br>POLICE DEPT - 700 MIN, KANSAS CITY,       | GOVERNOR AT LARGE<br>0.00        | 0.                   | 0.                           | 0.                 |
| CARL ALVANO, JOHNSON COUNTY<br>SHERIFF'S OFFICE - 277, NEW CENTURY,         | GOVERNOR - DISTRICT 1<br>0.00    | 0.                   | 0.                           | 0.                 |
| THOMAS MCGILLIN, OLATHE POLICE DEPT<br>- 501 E. OLD 56 HW, OLATHE, KS 66061 | GOVERNOR - DISTRICT 1<br>0.00    | 0.                   | 0.                           | 0.                 |
| CHUCK MATTHEWS, BNSF RAILROAD - 2341<br>ARGENTINE BLVD, KANSAS CITY, KS     | GOVERNOR - DISTRICT 1<br>0.00    | 0.                   | 0.                           | 0.                 |
| HERMAN JONES, KANSAS HIGHWAY PATROL<br>- 122 S.W. 7TH, TOPEKA, KS 66603     | GOVERNOR - DISTRICT 2<br>0.00    | 0.                   | 0.                           | 0.                 |
| DON BURNS, SHAWNEE COUNTY SHERIFF'S<br>DEPT - 320 S, TOPEKA, KS 66603       | GOVERNOR - DISTRICT 2<br>0.00    | 0.                   | 0.                           | 0.                 |
| MIKE HEFFRON, EMPORIA POLICE DEPT -<br>518 MECHANIC ST, EMPORIA, KS 66801   | GOVERNOR - DISTRICT 2<br>0.00    | 0.                   | 0.                           | 0.                 |
| DAVE SMITH, ELLSWORTH POLICE DEPT -<br>P.O. BOX 163, ELLSWORTH, KS 67439    | GOVERNOR - DISTRICT 3<br>0.00    | 0.                   | 0.                           | 0.                 |

## KANSAS PEACE OFFICERS ASSOCIATION C/O AL

48-6112862

|  |                                  |    |    |
|--|----------------------------------|----|----|
| DENNIS GASSMAN, KS HIGHWAY PATROL<br>TRAINING ACADEMY -, SALINA, KS 67401    | GOVERNOR - DISTRICT 3<br>0.00 0. | 0. | 0. |
| CHUCK DUNN, CLAY COUNTY SHERIFF'S<br>DEPT - P.O. BOX, CLAY CENTER, KS        | GOVERNOR - DISTRICT 3<br>0.00 0. | 0. | 0. |
| JIM BRAUN, HAYS POLICE DEPT - 105 W.<br>12TH, HAYS, KS 67601                 | GOVERNOR - DISTRICT 4<br>0.00 0. | 0. | 0. |
| DELBERT HAWEL, KS BUREAU OF<br>INVESTIGATION - 1620 S.W, TOPEKA, KS          | GOVERNOR - DISTRICT 4<br>0.00 0. | 0. | 0. |
| RICK SCHNEIDER, TREGO COUNTY<br>SHERIFF'S DEPT - 525 WAR, WAKEENEY,          | GOVERNOR - DISTRICT 4<br>0.00 0. | 0. | 0. |
| LARRY COLE, KS HIGHWAY PATROL - 2222<br>E. HIGHWAY 5, GARDEN CITY, KS 67846  | GOVERNOR - DISTRICT 5<br>0.00 0. | 0. | 0. |
| JOHN ANDREWS, FINNEY COUNTY<br>SHERIFF'S DEPT - 304 N., GARDEN               | GOVERNOR - DISTRICT 5<br>0.00 0. | 0. | 0. |
| MATT COLE, HOLCOMB POLICE DEPT -<br>P.O. BOX 69, HOLCOMB, KS 67851           | GOVERNOR - DISTRICT 5<br>0.00 0. | 0. | 0. |
| WARREN PETERSON, BARTON COUNTY<br>SHERIFF'S DEPT - 1416 K, GREAT BEND,       | GOVERNOR - DISTRICT 6<br>0.00 0. | 0. | 0. |
| VERNON RALSTON, ST. JOHN POLICE DEPT<br>- 115 E. 4TH ST, ST. JOHN, KS 67576  | GOVERNOR - DISTRICT 6<br>0.00 0. | 0. | 0. |
| STEVE BILLINGER, KS HIGHWAY PATROL -<br>625 WASHINGTON, GREAT BEND, KS 67530 | GOVERNOR - DISTRICT 6<br>0.00 0. | 0. | 0. |
| JIM DAILY, NEWTON POLICE DEPT - 120<br>E. 7TH, NEWTON, KS 67114              | GOVERNOR - DISTRICT 7<br>0.00 0. | 0. | 0. |
| DAVID FALLETTI, KS BUREAU OF<br>INVESTIGATION - P.O. BOX, WICHITA,           | GOVERNOR - DISTRICT 7<br>0.00 0. | 0. | 0. |
| BILL MUELLER, COWLEY COUNTY<br>SHERIFF'S DEPT - P.O. B, WINFIELD,            | GOVERNOR - DISTRICT 7<br>0.00 0. | 0. | 0. |
| SANDY HORTON, CRAWFORD COUNTY<br>SHERIFF'S DEPT - P.O., GIRARD, KS           | GOVERNOR - DISTRICT 8<br>0.00 0. | 0. | 0. |
| STEVE BERRY, CANEY POLICE DEPT -<br>P.O. BOX 129, CANEY, KS 67333            | GOVERNOR - DISTRICT 8<br>0.00 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990-EZ, PART IV                                      | 29,750.                          | 0. | 0. |

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990-EZ PG 2

STATEMENT 7

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TO PROMOTE ACQUAINTANCE AMONG PEACE OFFICERS IN KANSAS AND ADVANCE THE  
PROFESSION AND STANDARDS OF LAW ENFORCEMENT.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 8

## DESCRIPTION

## GRANTS

## EXPENSES

PROVIDE LAW ENFORCEMENT TRAINING TO MEMBERS OF THE  
ASSOCIATION

0. 4,114.

TOTAL TO FORM 990-EZ, LINE 31

4,114.

bylaws change regarding the election of district governors. The following is the change as underlined in the article listed:

**Article IV, Section 5**

5A. To qualify for this elected position an individual must be an active member as described in Article II, "Membership," Section 2, *except* that the individual shall be an active full-time commissioned law enforcement officer or a member of the Kansas Law Enforcement Training Center as described under Article II, "Membership," Section 2, at the time of the election. Three (3) district governors shall be elected from each district. One of those three elected shall be a municipal police officer. One shall be an officer of a sheriff's department. One shall be an officer of any other law enforcement agency or a member of the Kansas Law Enforcement Training Center. If no individual has been nominated to serve in one or more of the three categories, any qualified member from the district may be elected as a district governor without regard to their employment category. District governors shall be elected by a majority ballot of the active membership of their respective districts at the fall business meeting.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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

|   |   |   |
|---|---|---|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of exempt organization<br><b>KANSAS PEACE OFFICERS ASSOCIATION<br/>C/O AL THIMMESCH</b>  | Employer identification number<br><b>48-6112862</b> |
|   | Number, street, and room or suite no. If a P O box, see instructions<br><b>KIRKPATRICK, SPRECKER &amp; COMPANY, LLP</b>               |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>311 S. HILLSIDE, WICHITA, KS 67211</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

**03**

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

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- The books are in the care of ► **2614 LANDON - WICHITA, KS 67205-2038**

Telephone No ► **316-722-8433**

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 is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **SEP 1, 2009**, and ending **AUG 31, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

|  |           |    |           |
|--|-----------|----|-----------|
| <b>3a</b> 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.                                   | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | <b>3c</b> | \$ | <b>0.</b> |

**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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)